CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

KP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-55) RETAIN—PERM.

Authorization No.

FORM RB-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KP 23007

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95051 28 C95051

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 677 S Decker Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo Eydelloth

(Residence in Baltimore: No. 677 S Decker Ave St.; 22 yrs., 1 mos. 12 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 1st (Day), 1894 (Year)

7-AGE, 22 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John Eydelloth

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Loeffler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Eydelloth

(Address) 677 S. Decker Ave.

15- MAY 13 1916 HARRY C. ANDREWS

Filed....., 191....Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1916, to May 11th 1916, that I saw h.e alive on May 11th 1916, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

(Signed) Herman J. Friedman M. D.

May 12th, 1916 (Address) 1900 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, May 13th, 1916

20-UNDERTAKER J. Ely & Son Zeller ADDRESS 943 E. Monument

Spec.—8-24-14—M. & T.—2000 Bks.

C95052

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95052

CERTIFICATE OF DEATH.

8

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 N. Calvert ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Heinrich Sinocat

(Residence in Baltimore: No. 222 N. Calvert St ..... St.; ..... yrs., 7 mos. 12 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, October 1, 1915.
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 12 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER Ludwig Sinocat

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Helena Koshepsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helena Sinocat

(Address) 222 N. Calvert St.

15- Filed MAY 13 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1916, to May 12 1916, that I saw him alive on May 11 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

..... (Duration) over 5 days yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Henry C. Ohle M. D.

....., 191... (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	May 13..., 191...

20-UNDERTAKER	ADDRESS
Harry A. Wiltze	1531 W. Lombard St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95053 C95053

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. Madeira St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Horecky (Horecky)

(Residence in Baltimore: No. 221 N. Madeira St.; 30 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 1 (Day) (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Michael Horecky

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Marie Stetina

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Horecky

(Address) 221 N. Madeira St

15- MAY 13 1916 Filed, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 3rd 1916, to May 11th 1916, that I saw h[illegible] alive on May 6th 1916, and that death occurred on the date stated above, at 11.45 Am.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Chron.

(Duration) yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary) Val Disease Heart

(Duration) yrs. mos. ds.

(Signed) G. W. Wilson M. D.

May 12, 1916 (Address) 400 S. Patterson Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 14 1916

20-UNDERTAKER Frank Leach & Son — ADDRESS 1904 Eastland

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95054

CERTIFICATE OF DEATH.

92 C95054

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 S. Eutaw ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. J. Nash.

(Residence in Baltimore: No. 808 S. Eutaw St.; 65 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Widowed

6-DATE OF BIRTH, Sept. 11th, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 8 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hair Factory
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Wm J. Nash

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J Nash

(Address) 808 S Eutaw St

15- Filed MAY 13 1916, 191.. ROBERT, KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5, 1916, to May 11, 1916, that I saw him alive on May 11, 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Primary—Pleurisy

Immediate—Lobar Pneumonia and Exhaustion (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. 5 ds.

(Signed) J. P. Leary M. D.

5/12/1916 (Address) 506 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	May 14, 1916.
20-UNDERTAKER Geo H Hoyer	ADDRESS 609 Fitzhugh

C95055

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95055

CERTIFICATE OF DEATH

104

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Bennin & Garrison Aves. ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Celeste Chalk

(Residence in Baltimore: No. Bennin & Garrison Aves ST.: ..... yrs. ..... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH May 4th, 1916
(Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. 8 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Butts. Maryland.

PARENTS

10-NAME OF FATHER Edwards Newton Chalk.

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Marie Kinsey.

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. N. Chalk

(Address) Gunpowder Md. Boring

15. Filed MAY 13 1916, 191 ROBERT KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 12th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4th, 191 , to. May 12th 1916, that I saw h.. alive on May 12th, 1916, and that death occurred, on the date stated above, at 4 30 A. m. The CAUSE OF DEATH* was as follows:

Enterocolitis

..... (Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Wm Conrad Bode, M. D.

May 12th, 1916 (Address) 1900 Maryland Ave,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Stone Chapel Cem. | DATE OF BURIAL 5-13, 1916.

20-UNDERTAKER H. Brauning Son | ADDRESS 577 Schroeder St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95056

C95056

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Francis ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ira H. Shoaker

(Residence in Baltimore: No. 2503 Francis St.; 33 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 6, 1881. (Month) (Day) (Year)

7-AGE, 35 yrs. — mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer), Employer

9-BIRTHPLACE, (State or Country), Carroll Co Md.

PARENTS.

10-NAME OF FATHER, Howard B Shoaker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Magie Burrell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Theresa Shoaker

MAY 13 1916

(Address) 2503 Francis

15-

Filed....., 191... ROBERT KRAULER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7th 1916, to May 12th 1916, that I saw him alive on May 12th 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

about 6 months

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Gangrene

(Duration)....yrs....mos. 6 ds.

(Signed) E. G. Shower M. D.

May 17, 1916 (Address) 1224 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, May 17, 1916.

20-UNDERTAKER F. W. Rowtow

ADDRESS 220 N. Green

Gussel

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95057 64 C95057

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1217 E. Biddle ST.: 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Sophia Gussel

(Residence in Baltimore: No. 1217 E Biddle St.: 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: June (Month) 4 (Day), 1822 (Year)

7-AGE: 80 yrs. 10 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Conrad Hempel

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Margaret Kraus

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Hempel

(Address) 1501 E. North Ave.

15. MAY 13 1916 Filed ....., 19.. ROBERT . KRAUSER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 11. (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1916, to. May 11 1916, that I saw h.r alive on May 10, 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

(a) .....

Broncho Pneumonia

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Cerebral Haemorrhage

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed), W. C. Sandrock M. D.

May 12, 1916 (Address) 1242 N. Bdwy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bath Cemetery — DATE OF BURIAL: May 13, 1916

20-UNDERTAKER: Wm Routson — ADDRESS: 2301 Greene

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT. WITH UNFADING INK. THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95058 C95058

CERTIFICATE OF DEATH.

REGISTERED NO. C 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 572 Granville ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Prince Hall

(Residence in Baltimore: No. 572 Granville St.; 16 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, May 9, 1840
(Month) (Day) (Year)

7-AGE, 36 yrs. 0 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER, Solomon Hall

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Court St.

15- Filed MAY 13 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 29 1916, to May 8 1916, that I saw h[illegible] alive on May 8 1916, and that death occurred, on the date stated above, at 9.00 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation and Chronic Interstitial Nephritis

(Duration) Several Years

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward Hall M. D.

May 12, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. mos. ds. In the State 4 yrs. mos. ds.

Where was disease contracted, if not at place of death? 572 Granville St

Former or usual residence 572 Granville St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 13, 1916
20-UNDERTAKER Wm. D. Taylor	ADDRESS 916 Pa Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Sadie Handy.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95059

CERTIFICATE OF DEATH

28

C95059

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. ~~Sadie Handy~~ 210 W. Mulberry St. St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sadie Handy

(Residence in Baltimore: No. 210 W Mulberry St. St.: 13 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May (Month) 11 (Day), 1903 (Year)

7 AGE: 13 yrs. mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland Balto

PARENTS

10 NAME OF FATHER: Alfred Handy

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Virgia Jampson

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna Handy

(Address) 210 Mulberry

MAY 13 1916 Filed 191

ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1916, to May 11 1916, that I saw her alive on May 9, 1916, and that death occurred, on the date stated above, at 11. a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) I dont Know yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), H K Tonnyah M. D.

May, 1916. (Address) 117 W Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 13, 1916

20 UNDERTAKER: James H Dennis — ADDRESS: 1303 Riggs Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95060 28 C95060

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Argyle Ave. St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Allen

(Residence in Baltimore: No. 1141 Argyle Ave. St.; 1 yrs., 8 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Blk.	Single

6-DATE OF BIRTH, August (Month) 29 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 8 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore - Md -

PARENTS.

10-NAME OF FATHER, Thomas Allen

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Agatha Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agatha Griffin

(Address) 1141 Argyle Ave.

15- MAY 13 1916 Filed 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1916, to May 11 1916, that I saw her alive on May 6 1916, and that death occurred, on the date stated above, at 2.00 P m.

The CAUSE OF DEATH* was as follows:

1a Pulmonary Tuberculosis

(Duration) yrs. 4 mos. da.

CONTRIBUTORY (Secondary) Rickets

(Duration) yrs. 1 mos. da.

(Signed) Bertha E. Tapman M. D.

May 12, 1916. (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Zion	May 13, 1916.
20-UNDERTAKER James H Dunn	ADDRESS 1303 Preston

N. B.—Every item of information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95061

CERTIFICATE OF DEATH. 1 18

C95061

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Jackson

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ... yrs., ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	married

6-DATE OF BIRTH, May (Month) 9 (Day), 1870 (Year)

7-AGE, 46 yrs. ... mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Gen Foundry

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William Jackson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Nancy Baggs

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed MAY 13 1916, 191... ROBERT ... KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1916, to May 12 1916, that I saw him alive on May 12 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Empiellas ..... 10 days

P. Pneumonia ..... 3 days

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) P. pneumonia anemia

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Paul K. Clough M. D.

May 13, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 7 ds. In the State 14 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 807 d St Sparrows Point Md

19-PLACE OF BURIAL OR REMOVAL, Mars Hill Essex Co Va — DATE OF BURIAL, May 14, 1916

20-UNDERTAKER Jenus & Dunn — ADDRESS 1328 Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95062

CERTIFICATE OF DEATH.

92

C95062

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 562 Gold ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda Daniels.

(Residence in Baltimore: No. 562 Gold St.; 3 yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Feb (Month) 1st (Day), 1913 (Year)

7-AGE, 3 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child -
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, James Daniels

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Ethel Royer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Daniels.

(Address) 562 Gold St

15-

Filed MAY 13 1916, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 8th 1916, to May 12 1916, that I saw her alive on May 11 1916; and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar - Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry F. Brown M. D.

May 13, 1916 (Address) 150 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 14, 1916.

20-UNDERTAKER James H Dennis — ADDRESS 503 Preston

N. B.—Every item of information should be carefully supplied. Also that in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95063 C95063 64

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 847 Hollins ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev George W Miller

(Residence in Baltimore: No. 847 Hollins St St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 14, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer)..... 755

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Jacob F Miller

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Read

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Frank O. Miller

(Address) 84 Hollins St

15- MAY 13 1916 ROBERT . KRAUTER, Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1916, to May 11 1916, that I saw him alive on May 10 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Terminal infection (Pneumonia)

(Duration) ....yrs. ....mos. 2 ds.

(Signed) G. Carroll Lockard M. D.

May 13, 1916 (Address) 4 E Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery DATE OF BURIAL, May 16 191 6

20-UNDERTAKER W. Thompson Sons & Kratter ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95064

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95064

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Broadway & Homes St Emergency REGISTERED No. C.....

CITY OF BALTIMORE (No. Broadway & Homes ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank (West. Alex Bailey

(Residence in Baltimore: No. Broadway & Homes St. St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	White	Single

6-DATE OF BIRTH, Unknown ....., 1877
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
39 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... S.S.

9-BIRTHPLACE, (State or Country), Swedenland

PARENTS.

10-NAME OF FATHER, Ernest Bailey

11-BIRTHPLACE OF FATHER (State or Country) Swedenland

12-MAIDEN NAME OF MOTHER Mary Gleisette

13-BIRTHPLACE OF MOTHER (State or Country). Jenkoa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Krauter

(Address) 12 Wallace St

MAY 13 1916 Filed....., 19..... Burial Permit Issued ROBERT , KRAUTER, Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May, 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Stroke

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(Duration) 5 yrs..... mos..... ds.

(Signed) Henry Ford Jones M. D.
(Coroner)

May 12, 1916 (Address) 1613 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem DATE OF BURIAL, May 14, 1916

20-UNDERTAKER Chas. C. Evans & Son ADDRESS 1151 N. Royal Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95065

CERTIFICATE OF DEATH.

92 C95065

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 Vine ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phenia Tomlin

(Residence in Baltimore: No. 1038 Vine St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 18.65 (Year)

7-AGE, 51 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edmond Tomlin

(Address) 1038 Vine St

15- Filed MAY 13 1916 ROBERT . KRAUTER, Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4th 1916, to May 10th 1916, that I saw her alive on May 10th 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Ptar Pulmonale

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A P Hacklock M. D.

May 13, 191... (Address) 1127 N. Carrey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lemmel country — DATE OF BURIAL, May 13 1916

20-UNDERTAKER Alfred Fleeland — ADDRESS 114 S Schroeder St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95066

CERTIFICATE OF DEATH.

40 C95066

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Female~~ Bernhard Israelson

(Residence in Baltimore: No. 1245 Orleans St. St.; 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 15 (Day), 1868 (Year)

7-AGE, 38 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer). merchant

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1411 E Baltimore St

15- Filed MAY 13 1916, 191.. ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1916, to May 13, 1916, that I saw h[illegible]alive on May 13, 1916, and that death occurred, on the date stated above, at 4:50 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(Non-operable — bar autopsy findings — shown by X-Ray)

(Duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) — yrs. mos. ds.

(Signed) M. B. Lewis M. D.

5/13, 191..6 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 3 mos. — ds. In the State 27 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1245 Orleans St

Former or usual residence 1245 Orleans St

19-PLACE OF BURIAL OR REMOVAL, Rosedale

DATE OF BURIAL, 5/14, 191.6

20-UNDERTAKER Jack Lewis

ADDRESS E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95067

REGISTERED NO C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Hannaman Hospital ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Thomas

(Residence in Baltimore: No. 259 N. Bruce St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	Col.	Single

6-DATE OF BIRTH, July 10, 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. 4 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Teamster

9-BIRTHPLACE, (State or Country), Annapolis Md.

PARENTS.

10-NAME OF FATHER, Samuel Thomas

11-BIRTHPLACE OF FATHER (State or Country), Annapolis

12-MAIDEN NAME OF MOTHER Julia Paul

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): John

(Address) 259 N Bruce

15- Filed MAY 13 1916 ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows: Pneumonia 7 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. 6 mos. ds.

(Signed) J. Fletcher Hurst, M. D.
(Coroner)

May 11. 1916. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 209 N Bruce St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 13 1916
20-UNDERTAKER	ADDRESS
Sam'l H. Fisher Son	1401 Madison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95068 C95068

CERTIFICATE OF DEATH.

x 114

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Nannie C. Fry

(Residence in Baltimore: No. Womans Hospital St.; yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. June (Month) 27 (Day) 1867 (Year)

7-AGE. 49 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Caldwell N. Carolina

PARENTS.

10-NAME OF FATHER, Wallis P. Caldwell

11-BIRTHPLACE OF FATHER (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER Nannie Wellesley

13-BIRTHPLACE OF MOTHER (State or Country), N. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Kendricks

(Address) Woman's Hosp

15- Filed MAY 13 1916, ROBERT, KRAUTER, Registrar. Ex. Asst. Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 12 1916, that I saw her alive on May 12 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Ulcers all Stones in Common Duct and Cystic Duct

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Ulceration - Pulmonia

(Duration) yrs. mos. 3 ds.

(Signed) A. P. Jones M. D.

May 12, 1916 (Address) Womans Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. 3 ds.

Where was disease contracted, if not at place of death? Greensboro N. C.

Former or usual residence Greensboro N. C.

19-PLACE OF BURIAL OR REMOVAL Greensboro N. C. DATE OF BURIAL, May 13, 1916

20-UNDERTAKER Eller Mitchell & Co ADDRESS 120 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95069 C95069

CERTIFICATE OF DEATH.

x 122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes L. Walker

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 2 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July 4, 1871. (Month) (Day) (Year)

7-AGE, 44 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Silas Everett

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lena Kleuschmidt

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Record

(Address) 1520 E. 33rd St.

15- MAY 13 1916 ROBERT . KRAUTER Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 12 1916, that I saw h[illegible] alive on May 12 1916, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobular, Duration Don't Know

CONTRIBUTORY (Secondary) Gen. Debility (Duration) 2 yrs. mos. 2 ds.

(Signed) Burdette Smith M. D.

May 12, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State Don't Know yrs. mos. ds.

Where was disease contracted, if not at place of death? Washington D C

Former or usual residence Washington D C

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 14, 1916

20-UNDERTAKER Robert Brookes — ADDRESS Hollins

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95070 C95070

CERTIFICATE OF DEATH.

X 103

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Lombard St. near Grove St.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Dietz

(Residence in Baltimore: No. 410 S. Highland Ave. St.: yrs. 5 0 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem. | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan 19th, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. 3 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence Dietz

(Address) 3417 Foster ave

15- MAY 13 1916 Filed, 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry! (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Weakness.

(Duration) yrs. mos. ds.

(Signed) Albert L. Driscoll, M. D.
(Coroner.)

May 12, 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cemetery | DATE OF BURIAL, May 15. 1916.

20-UNDERTAKER Lilly & Zeiler | ADDRESS 403 S. Wolfe st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Sadie Laughton.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C35071 X 134 C35071

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital, St.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Laughton

(Residence in Baltimore: No. St. Joseph Hospital, St.; yrs.. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Single

6-DATE OF BIRTH, ... Nov 15, 1877
(Month) (Day) (Year)

39

7-AGE, ... 38 ..... yrs. ..... 6 ..... mos. ..... 28 ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Lyman J Laughton

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Della A Grows

13-BIRTHPLACE OF MOTHER (State or Country), Va -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lyman J Laughton

(Address) 2403 E Baltimore

15- Filed MAY 13 1916 ROBERT . KRAUTER, Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 11 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest ..... (Inquest, autopsy or inquiry) and that said deceased came to ..... death on the day stated above.

THE CAUSE OF DEATH* was as follows:

..... Puerperal Peritonitis .....
..... Abortion Self induced .....
Abortion (Duration) ..... yrs. ..... mos. 4 ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... H. Knox Gosley ..... M. D.
(Coroner)

May 13 1916 (Address) 1911 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos. 4 ds.

Where was disease contracted, if not at place of death?.....
.....Unknown.....

Former or usual residence. Richmond Va

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 14 1916

20-UNDERTAKER H Sanders Sons — ADDRESS 1710 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95072 C95072

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 S. Washington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Rollins

(Residence in Baltimore: No. 502 S. Washington St.; 27 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Feb. (Month) 19 (Day), 1893 (Year)

7-AGE, 23 yrs. 2 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Andrew Lang

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Margaret Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles J. Rollins

(Address) 502 S. Washington St.

15- Filed MAY 13 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1916, to May 11 1916, that I saw her alive on May 11 1916, and that death occurred, on the date stated above, at 8.55 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Phthisis

(Duration) yrs. 1 mos. 3 ds.

(Signed) O. L. Long M. D.

May 12, 1916 (Address) 724 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL Mount Carmel Cem. DATE OF BURIAL, May 15, 1916

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Reed St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C95073

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2330 Fleet ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME C. Edward Miller

(Residence in Baltimore: No. 2330 Fleet St. Lift yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. 9th, 1883
(Month) (Day) (Year)

7-AGE, 32 yrs. 6 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk 977
(b) General nature of industry, business, or establishment in which employed (or employer)..... B. & O. R. R.

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Emilius Miller

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Mary Meyer

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Miller

(Address) 2330 Fleet St.

15- MAY 13 1916 191.....

ROBERT . KRAUTER
Municipal Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10th, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 8th 191 6, to May 10th 191 6, that I saw h[illegible] alive on May 10th 191 6, and that death occurred, on the date stated above, at 6:15 P. m.

THE CAUSE OF DEATH* was as follows:

Ventricular Heart Disease

Mitral Regurgitation

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Congestion of Lungs

(Duration) yrs. mos. 2 ds.

(Signed) Hollis H. Meyer M. D.

May 11th 191 6 (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Carmel Cem.	May 14, 1916.
20-UNDERTAKER	ADDRESS
H. Sander's Sons	1710 Fleet St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C35074

104 C35074

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3523 Sinclair la ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Ruth Weaver.

(Residence in Baltimore: No. 3523 Sinclair la St.; yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June 21, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Non....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Ezra Weaver

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Jane Baker

13-BIRTHPLACE OF MOTHER (State or Country) Fredericks Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ezra Weaver

(Address) 3523 Sinclair la.

15- FILED MAY 13 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inq (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Interstitial Decomposition

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John J Mourissey M. D. (Coroner.)

May 13 1916 (Address) 3632 Reliance

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Marys Hampden	May 13 1916
20-UNDERTAKER	ADDRESS
Ehrenworthson	Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Blks

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95075

CERTIFICATE OF DEATH.

× 42

C95075

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ida Prince

(Residence in Baltimore: No. Johns Hopkins Hosp St.; yrs., mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 12 (Day), 1861 (Year)

7-AGE, 54 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, John Altman

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Alie Shuman

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. P. Helps

(Address) Johns Hopkins Hosp

15- Filed MAY 13 1916, 191 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 26 1916, to May 12 1916, that I saw h[illegible] alive on May 12 1916, and that death occurred, on the date stated above, at 8.45 a. m.

The CAUSE OF DEATH* was as follows:

Streptococcus
Septicaemia

Operation (Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Carcinoma cervix

(Duration) 1 yrs. mos. ds.

(Signed) [illegible] M. D.

May 14 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 16 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Lenoir, N. C.

19-PLACE OF BURIAL OR REMOVAL, Lenoir N. C. — DATE OF BURIAL, May 14, 1916.

20-UNDERTAKER Albert E Fuller — ADDRESS 521 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95076 — 24 C95076

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 64 Gorman ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T. Harrington

(Residence in Baltimore: No. 64 Gorman ave St. Fifteen mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day), 1871. (Year)

7-AGE, 45 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Samuel Harrington

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jennie Read

(Address) 64 Gorman Ave

15- MAY 13 1916 Filed ..... 191.....

ROBERT KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 12 1916, that I saw him alive on May 12 1916, and that death occurred, on the date stated above, at 2.35 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) R. Willis Harris M. D.

5/12, 191.6 (Address) 2000 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL MAY 14 1916, 191...

20-UNDERTAKER Geo. P. Garby

ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95077 C95077

CERTIFICATE OF DEATH.

114

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp — ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Mary S. Smith

(Residence in Baltimore: No. 804 Cathedral St. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. May (Month) 19 (Day), 1853 (Year)

7-AGE, 63 yrs. ... mos. ... dz.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York City

PARENTS.

10-NAME OF FATHER, Bartell Smith

11-BIRTHPLACE OF FATHER (State or Country), New York City

12-MAIDEN NAME OF MOTHER, Mary A. Ennis

13-BIRTHPLACE OF MOTHER (State or Country), New York City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Rendueles

(Address) Woman's Hosp.

15- MAY 14 1916 Filed ..., 191... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 13 1916, that I saw her alive on May 13 1916, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Gall-Stones with Emphysema of Gall-Bladder

(Duration) ... yrs. 2 (?) mos. ... ds.

CONTRIBUTORY (Secondary) Operation Post Pneumonia

(Duration) ... yrs. ... mos. 3 (?) ds.

(Signed) A. P. Jones M. D.

May 13 1916. (Address) Woman's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 12 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 804 Cathedral St.

19-PLACE OF BURIAL OR REMOVAL, Calvary Cemetery Brooklyn, N. Y. | DATE OF BURIAL, May 15, 1916.

20-UNDERTAKER Henry W. Maas & Son | ADDRESS 805 N. Calvert

Via. Penn R. R. - D. & D. L. O. Stuart Jr. Escort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95078

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95078

CERTIFICATE OF DEATH.

159

PLACE OF DEATH

CITY OF BALTIMORE (No. Junkers Hotel 20 E. Baltimore St.: 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME John F. Yingling

(Residence in Baltimore: No. Junker's Hotel - 20 E. Baltimore St.: 11 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 12 (Day), 1859 (Year)

7-AGE,	If LESS than 1 day,
56 yrs. 10 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman 613
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frederick L. Yingling

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Sarah Hasson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward C. Yingling

(Address) Westminster Md

15- Filed MAY 14 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by pistol shot wound in left chest

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. S. Tilly M. D. (Coroner.)

May 13. 1916 (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 70 yrs. mos. ds.

Where was disease contracted, if not at place of death? Junkers Hotel

Former or usual residence Junkers Hotel

19-PLACE OF BURIAL OR REMOVAL: Westminster Md. DATE OF BURIAL, May 15. 1916

20-UNDERTAKER Perkins Perkins ADDRESS 1739 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95079 C95079

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick J. Heeper

(Residence in Baltimore: No. 2577 W. Fayette St., St.; 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 16th (Day), 1868 (Year)

7-AGE, 48 yrs. — mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Brewer 346
(b) General nature of industry, business, or establishment in which employed (or employer): G.B.&B. Co.

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Gir. Heeper

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Heeper

(Address) 2577 W. Fayette St.

15- MAY 14 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7th 1916, to May 14th 1916, that I saw h im alive on May 14th 1916, and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. mos. ds.

(Signed) Edw Gambrill M. D.

May 14, 191.6 (Address) 5 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 27 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 2577 W. Fayette St

Former or usual residence 2577 W. Fayette St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 17th 1916.

20-UNDERTAKER F. B. Kelpfert — ADDRESS 2238 Frederick Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95080 C95080

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 617 archer ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Frank Rhoades

(Residence in Baltimore: No. 617 archer St.: yrs., 59 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, April (Month) 20 (Day), 1877 (Year)?

7-AGE	If LESS than 1 day,
39 yrs. – mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day Laborer 50+
(b) General nature of industry, business, or establishment in which employed (or employer)..... Stevedore

9-BIRTHPLACE, (State or Country) Calvert Co Md

PARENTS.

10-NAME OF FATHER, William Rhoades

11-BIRTHPLACE OF FATHER (State or Country), America

12-MAIDEN NAME OF MOTHER Mary Boone

13-BIRTHPLACE OF MOTHER (State or Country), America

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) X Edward Rhoades

(Address) 617 archer St.

15 MAY 14 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy Hemaphgia

(Duration)..... yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Second attack Apoplexy

(Duration)..... yrs. mos. 1 ds.

(Signed) James McKenlow M. D. (Coroner.)

May 12 1916. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, May 15 1916

20-UNDERTAKER Geo H Hooper

ADDRESS 609 Lilli Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

C95081

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 N. Eden St; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Lynch

(Residence in Baltimore: No. 203 N. Eden St St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, William Harper

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Matilda Brann

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Mc Glotten

(Address) 203 N. Eden St

15-

Filed MAY 14 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 12 1916, that I saw her alive on May 12 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Nothing Contributory.)

Over a week

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Undetermined

Several

(Duration) yrs. mos. ds.

(Signed) A. Mayfield Boyle M. D.

May 14 191 6 (Address) 430 N. Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, May 15, 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 506 Roger St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95082

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95082

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 216 N Conn Ave ST. V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Idallan Smith

(Residence in Baltimore: No. 216 N Conn Ave St.; yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Mal	Colored	Widower

6-DATE OF BIRTH, May 1, 1873
(Month) (Day) (Year)

7-AGE, 41 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer General
(b) General nature of industry, business, or establishment in which employed (or employer): 243

9-BIRTHPLACE, (State or Country), Chase Md.

PARENTS.

10-NAME OF FATHER, Dwight Smith

11-BIRTHPLACE OF FATHER (State or Country) Chase Md.

12-MAIDEN NAME OF MOTHER Mary Tolson

13-BIRTHPLACE OF MOTHER (State or Country), Chase Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Tolson

(Address) 216 N Conn Ave

15- MAY 14 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D. (Coroner)

May 14, 1916. (Address) N. C. District

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Albany Conn.	May 15, 1916
20-UNDERTAKER	ADDRESS
Harry A Vodery	1725 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95083 HEALTH DEPARTMENT—CITY OF BALTIMORE C95083

CERTIFICATE OF DEATH. x 175

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME C. Frederick Fauth

(Residence in Baltimore: No. Franklin Square Hospital St.; yrs., mos. 1½ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Oct (Month) 15 (Day), 1883 (Year)

7-AGE, 32 yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Florist
(b) General nature of industry, business, or establishment in which employed (or employer): Employer

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, George Fauth

11-BIRTHPLACE OF FATHER (State or Country), America

12-MAIDEN NAME OF MOTHER Mary E. Ubert

13-BIRTHPLACE OF MOTHER (State or Country), America

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Fauth

(Address) Woodlawn Md

15- Filed MAY 14 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base of Skull
accidental
Fell from Motor Cycle
(Duration) ....yrs. ....mos. 1½ ds.

CONTRIBUTORY (Secondary) Blood Clot on Brain (Duration) ....yrs. ....mos. 1 ds.

(Signed) James M. Fenton M. D.
(Coroner.)

May 14 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death Franklin Sq Hosp In the City yrs. mos. 1½ ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death? Edmonson Ave 19th St

Former or usual residence Woodlawn Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 15th 1916
20-UNDERTAKER Bihm & Gore	ADDRESS 1723 W. Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8/24-14—M. & T.—2000 Bks.

C95084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 109

C95084

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Huston

(Residence in Baltimore: No. University Hospital St.; ....yrs., 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	married

6-DATE OF BIRTH, Unknown, 1869.
(Month) (Day) (Year)

7-AGE, 47 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer 044
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Huston

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Eliz. Kirk

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Huston Jowlson

(Address) University Hospital

15- Filed MAY 14 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6, 1916, to May 14, 1916, that I saw h.. alive on May 14, 1916, and that death occurred, on the date stated above, at 12:00 A.M.

The CAUSE OF DEATH* was as follows:

.....

.....

Purulent Bronchitis

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

Intussusception

..... (Duration) ....yrs. 1 mos. ....ds.

(Signed) H. Huston Jowlson M. D.

May 9, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 3 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? -

Former or usual residence Murray Mo.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Md	May 17 1916

20-UNDERTAKER	ADDRESS
Jno J. Foley & Son	1318 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95085

CERTIFICATE OF DEATH.

91 C95085

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 543 Bloom ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Taylor

(Residence in Baltimore: No. 543 Bloom St. St.; ....yrs., 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	single

6-DATE OF BIRTH, April 16, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
— yrs. — mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Rufus Taylor

11-BIRTHPLACE OF FATHER (State or Country). Balt Md

12-MAIDEN NAME OF MOTHER Jane Ball

13-BIRTHPLACE OF MOTHER (State or Country). Lancaster Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rufus Taylor

(Address) 543 Bloom St

15- Filed MAY 14 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1916, to May 13 1916, that I saw h[illegible] alive on May 12 1916. and that death occurred, on the date stated above, at 2 30 P.M.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

..... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Brun Roberts M. D.

May 13, 1916 (Address) 1927 West Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (3) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	May 14, 1916

20-UNDERTAKER	ADDRESS
John H Owens	1222 Druid

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95086 C95086

CERTIFICATE OF DEATH.

170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 923 N^th Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H Brooks

(Residence in Baltimore: No. 923 N Carey St.; 61 yrs., 7 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept (Month) 25 (Day), 1854 (Year)

7-AGE	If LESS than 1 day,
61 yrs. 7 mos. 18 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John T. Brooks

11-BIRTHPLACE OF FATHER (State or Country) Balto

12-MAIDEN NAME OF MOTHER Mary Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Brooks

(Address) 923 N Carey

15- Filed MAY 14 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1916, to May 12 1916, that I saw h[illegible] alive on May 12 1916, and that death occurred, on the date stated above, at 1 04 m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exophthalmic Goitre Hyperthyroidism

(Duration) yrs. 1 mos. 18 ds.

(Signed) C.K. Powers M. D.

May 12 1916 (Address) 923 N Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	5/15, 1916
20-UNDERTAKER	ADDRESS
Un Cork	502 E Nath

CAUSE OF DEATH: Be plain, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95087 C95087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 134

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hosp. St.; 24 WARD)
REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Reinick

(Residence in Baltimore: No. 1471 Reynolds St. St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 28 (Day) 1885 (Year)

7-AGE 30 yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Wm. Helder

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Christina Eberts

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Reinick

(Address) 1471 Reynolds St.

15- MAY 14 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH May (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12 1916, to May 13 1916, that I saw h[illegible] alive on May 13 1916, and that death occurred, on the date stated above, at 3-a m.

The CAUSE OF DEATH* was as follows:

Ectopic Pregnancy
(Ruptured)
(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac asthenia
(Duration) ....yrs. ....mos. 1 ds.

(Signed) W. T. Gott M. D.

May 13 1916. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 28 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1471 Reynolds St.

Former or usual residence 1471 Reynolds

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, May 15, 1916.

20-UNDERTAKER John Herring & Co — ADDRESS 2008 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95088 C95088

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1339 West ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Kenny

(Residence in Baltimore: No. 1339 West St.; 30 yrs., ... mos. ..... ds.)

(Property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown ....., 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, William Colbert

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary O'Keefe

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Colbert

(Address) 1339 West St.

15- Filed MAY 14 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1916, to May 12 1916, that I saw h[illegible] alive on May 10 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bernard Long M. D.

May 12, 1916. (Address) 914 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 15, 1916

20-UNDERTAKER C. A. Weidefeld & Sons — ADDRESS Eutaw & Lanvale Sts

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95089

CERTIFICATE OF DEATH

C95089

28

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2202 Barclay ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lee Martin

(Residence in Baltimore: No. 2202 Barclay St.: — yrs. 6 mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Sept (Month) 14 (Day), 1871 (Year)

7-AGE: 38 yrs. 7 mos. 17 ds. (If LESS than 1 day, ... hrs. or — min.?)

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Harrisonburg Va

PARENTS

10-NAME OF FATHER: Wm W. McClain

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: S. Miller

13-BIRTHPLACE OF MOTHER (State or country): Harrisonburg Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm L. Martin

(Address) 2202 Barclay St

15-MAY 14 1916 Filed ....., 191 .....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb, 1915, to May 11 1916, that I saw her alive on May 6, 1916, and that death occurred, on the date stated above, at 7 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. — mos. — ds

Contributory (SECONDARY) Myocarditis

(Duration) — yrs. 6 mos. — ds.

(Signed) Hubert Rawlins M. D.

May 13, 1916. (Address) 1007 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: May 14, 1916

20-UNDERTAKER: C. A. Weisfeld & Bro.

ADDRESS: Eutaw & McMechen

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95090

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95090 C95090

CERTIFICATE OF DEATH.

x 64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Women Hospital St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME "Boy" Bruns

(Residence in Baltimore: No. Womans Hospital St.; ....yrs.,....mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 11, 1916. (Month) (Day) (Year)

7-AGE, ...yrs....mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Frank Bruns

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Mary Reese

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Roht. T. Pape

(Address) Belair

15- Filed MAY 14 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1916, to May 14 1916, that I saw him alive on May 14 1916, and that death occurred, on the date stated above, at 5.05 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

.....(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary).....

.....(Duration)....yrs....mos....ds.

(Signed) By Dr. Wheeler M. D.

May 14, 1916. (Address) Belair Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 2 mos. 1 ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Bel Air

19-PLACE OF BURIAL OR REMOVAL, Bel-Air- Md — DATE OF BURIAL, May 14 1916

20-UNDERTAKER Stewart Mowen Co — ADDRESS 108 W North

Cause of death to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95091 C95091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2736 W Mosher ST.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret B. Lehner

(Residence in Baltimore: No. 2736 W Mosher St.; 59 yrs., mos., 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April (Month) 15 (Day), 1857 (Year)

7-AGE, 59 yrs. mos. 27 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, John Hebert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Lehner

(Address) 2736 Mosher St

15-

Filed MAY 14 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11 1916, to May 12 1916, that I saw h— alive on May 11 1916, and that death occurred, on the date stated above, at 6:10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

May 13, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 14, 1916

20-UNDERTAKER, H. McShane & Son — ADDRESS Pimlico Md.

CAUSES OF DEATH must be given in plain terms, so that a layman may understand them readily. Indefinite or unscientific terms, such as "Debility," "Old Age," "Exhaustion," "Heart Failure," "Convulsions," "Paralysis," "Cancer," "Tumor," "Fever," "Abscess," "Child-bed," "Malignant Disease," "Blood Poisoning," "Septicemia," "Pyemia," "Uremia," "Tuberculosis," "Consumption," "Inflammation," "Congestion," "Hemorrhage," "Jaundice," "Dropsy," "Gangrene," "Ulceration," "Mortification," "Carcinoma," "Sarcoma," "Fibroid," "Abortion," "Premature Birth," "Stillborn," "Still-born," "Still-birth," "Still-born," "Still-birth," "Still-born," "Still-birth

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95092

CERTIFICATE OF DEATH.

119

C95092

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 Arlington Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Makel

(Residence in Baltimore: No. 801 Arlington Ave St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) Unknown, 1856 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butler
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benjamin Makel

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jane Makel

(Address) 1623 Argyle ave

15- Filed MAY 14 1916, 191..... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 15 1916, to May 13 1916, that I saw h.. alive on May 13 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cocaine Interstitial
Nephritis
(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia
(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) G. Wallace Tew M. D.

May 13, 191.. (Address) 1928 Penn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 15 191..
20-UNDERTAKER	ADDRESS
Sums & Dunns	1309 Pennsylvania

CAUSE OF DEATH is plainly written, as what is may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95093

CERTIFICATE OF DEATH.

91 C95093

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Woodyear ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Taylor

(Residence in Baltimore: No. 932 Woodyear St.; 1 yrs., 3 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Feb. (Month) 7 (Day), 1915 (Year)

7-AGE, One yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, John Taylor

11-BIRTHPLACE OF FATHER (State or Country), Balto. City

12-MAIDEN NAME OF MOTHER Lucia Brown

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Taylor

(Address) 932 Woodyear St.

15- Filed MAY 14 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 13 1916, that I saw h~~im~~ alive on May 12 1916, and that death occurred, on the date stated above, at 4-20 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration)—yrs.—mos. 5 ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Chas. L. McCarthy M. D.

May 13, 1916 (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 15, 1916

20-UNDERTAKER James H Dennis — ADDRESS 1303 Bruston

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95094

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 E. Fort Ave. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Beals

(Residence in Baltimore: No. 27 S. Calhoun St St. 58 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 22 (Day), 1858 (Year)

7-AGE	If LESS than 1 day,
58 yrs. 1 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Store Keeper 31 yrs.
(b) General nature of industry, business, or establishment in which employed (or employer): Confectionary

9-BIRTHPLACE, (State or Country), Port Deposit, Md.

PARENTS.

10-NAME OF FATHER, James Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Dorchester County

12-MAIDEN NAME OF MOTHER, Mary C. Secombt.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Beasley

(Address) 527 E. Fort Ave.

15- MAY 14 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 12 1916, that I saw h.er alive on May 12 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Regurgitation

about 4 hours

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) —yrs. —mos. —ds.

(Signed) Wm. T. Seabury M. D.

May 13, 1916. (Address) 621 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem't. DATE OF BURIAL, May 16, 1916

20-UNDERTAKER Richard J. Turner ADDRESS 1442 N. Bridge

important. See instructions on back of certificate.

Spec.---8-24-14---M. & T.---2000 Bks.

C95095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 95095

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 216 Aisquith ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Amar

(Residence in Baltimore: No. 216 Aisquith St.; 60 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 27 (Day), 1850 (Year)

7-AGE, 66 yrs. 2 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Carrie Fox

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Vick

(Address) 1921 Homewood ave

15 MAY 14 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1916, to May 13 1916, that I saw h e alive on May 13 1916, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Pericarditis

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY. Bright's Disease
(Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward H. Krull M. D.

May 14, 1916 (Address) 22 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem. DATE OF BURIAL, May 17, 1916

20-UNDERTAKER William Cook ADDRESS 502 E North Ave

20 Aisquith

important. See instructions on back of certificate.

095096

HEALTH DEPARTMENT—CITY OF BALTIMORE.

095096

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Rear of 1812 ~~1803~~ Fremont St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evan Thomas Radcliffe

(Residence in Baltimore: No. Rear of 1812 ~~1803~~ Fremont Ave. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 15, 1882
(Month) (Day) (Year)

7-AGE, 33 yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer 484
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto - Md.

PARENTS.

10-NAME OF FATHER, Evan J Radcliffe

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary E Radcliffe

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Shenton

(Address) 2087 Guilford Ave

15- Filed MAY 14 1916, 191... HARRY A. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (~~Inquest, autopsy or~~ inquiry.) thereon and from the evidence obtained by said inquiry (~~Inquest, autopsy or~~ inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Sudden
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Tuberculosis
(Duration) yrs. mos. ds.

(Signed) W. T. Tuley M. D.
(Coroner.)

May 13, 1916. (Address) 1634 Bunday

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 15, 1916
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95097 C95097

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 James r ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert H. Halbert

(Residence in Baltimore: No. 1224 James st St.; 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, Jan 3, 1839 (Month) (Day) (Year)

7-AGE, 77 yrs. 4 mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Lenox mo

PARENTS.

10-NAME OF FATHER, Jacob Halbert

11-BIRTHPLACE OF FATHER (State or Country), Berk Co

12-MAIDEN NAME OF MOTHER Margaret Plummer

13-BIRTHPLACE OF MOTHER (State or Country), Carrol County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Arnold

(Address) 1224 James st

15- Filed MAY 14 1916, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1916, to May 12 1916, that I saw h[illegible] alive on May 12 th 1916, and that death occurred, on the date stated above, at 4 40 m.

The CAUSE OF DEATH* was as follows:

Cancer Stomach

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY. (Secondary) Exhaustion

(Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

May 13 191. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem

DATE OF BURIAL, May 15, 1916.

20-UNDERTAKER Jos Forsdans Son

ADDRESS 217 S. Poca

important. See instructions on back of certificate.

C95098

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95098

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1024 W Cross ST.: 21 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore H. Blackenday

(Residence in Baltimore: No. 1024 W Cross St.) 40 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	married

6-DATE OF BIRTH, Jan. (Month) 22 (Day), 1870 (Year)

7-AGE, 44 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman R.R.
(b) General nature of industry, business, or establishment in which employed (or employer): Gang 534

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Henry MacKendoff

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine MacKendoff

(Address) 1024 W Cross St

15- Filed MAY 14 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
MAY 14 1916

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said I (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) James M. Benton M. D.
(Coroner.)

May 12 1916. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
London Park Cem	May 15, 1916
20-UNDERTAKER Jos Joerdens Son	ADDRESS 217 S. Pac

C95099

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95099

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE (No. " " " ST. WARD)

Registered No. C 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Lyx (Six)

(Residence in Baltimore: No. Md Gen'l Hospital St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, Unknown, 1860
(Month) (Day) (Year)

7-AGE, 57 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): County Store 653

9-BIRTHPLACE. (State or Country), Union Bridge Md.

PARENTS.

10-NAME OF FATHER, Do not know

11-BIRTHPLACE OF FATHER (State or Country) Do not know

12-MAIDEN NAME OF MOTHER Do not know

13-BIRTHPLACE OF MOTHER (State or Country), " " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Myers

(Address) Md Gen'l Hospital

15- Filed MAY 14 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk / Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Burns by Gasoline Explosion.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma

(Duration) yrs. mos. ds.

(Signed) J. Whitridge Williams, M. D. (Coroner)

May 14, 1916. (Address) 816 N. St. Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. 1 mos. ds.

Where was disease contracted, if not at place of death? Union Bridge Burned

Former or usual residence Union Bridge

19-PLACE OF BURIAL OR REMOVAL, Union Bridge, Carroll Co. Md. DATE OF BURIAL, May 15 1916.

UNDERTAKER C. Maurice Routson ADDRESS 2307 Green

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95100 C95100

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Fennell

(Residence in Baltimore: No. 1120 Russell St St.; ..... yrs. 3 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, May 1st (Month) (Day), 1913 (Year)

7-AGE, 3 yrs. — mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, John Fennell

11-BIRTHPLACE OF FATHER (State or Country), N. C

12-MAIDEN NAME OF MOTHER Jessie Boone

13-BIRTHPLACE OF MOTHER (State or Country), N C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- Filed MAY 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 13 1916, that I saw him alive on May 13 1916, and that death occurred, on the date stated above, at 8 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar) Right Lower Lobe

(Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

Operation (Duration) .....yrs. .....mos. 3 ds.

(Signed) Geo. E. K. Dunn M. D.

May 17, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1120 Russell St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn St	May 16., 1916.
20-UNDERTAKER	**ADDRESS**
S. H. Brown & Son	104 N. Monty

important. See instructions on back of certificate.

C95101

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95101

REGISTERED No. C 28

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1121 Brisco ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Douglass Wright Jr.

(Residence in Baltimore: No. 1121 Brisco St.: 10 yrs. 7 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept 14 (Month), (Day), 1905 (Year)

7-AGE: 10 yrs. 7 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS

9-BIRTHPLACE (State or country): Md (City)

10-NAME OF FATHER: Daniel R. Wright

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Mucho

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Wright

(Address) 1121 Brisco

15 Filed MAY 15 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1916, to. May 13 1916, that I saw h— alive on May 12, 1916, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows: Bronchitis P. N.

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Stomach

(Duration) yrs. 3 mos. ds.

(Signed), O. H. Finan M. D.

May 14, 1916 (Address) 712 S. Stark

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bert, Kan[illegible] queen ann co md

DATE OF BURIAL: May 16, 1916

20-UNDERTAKER: I. L. Brown & Son

ADDRESS: 108 N. Monroe to Zoar Point queen anna R.R. Chester sta

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

to Zore Point queen anna R.R. Chester Sta

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95102 109 C95102

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Levin

(Residence in Baltimore: No. 912 East Fayette St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 22, 1880.
(Month) (Day) (Year)

7-AGE, 35 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, David Levin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Edith Isaacson.

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Levin

(Address) 1411 E. Balto St

15- Filed MAY 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1916, to May 13 1916, that I saw him alive on May 13 1916, and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction
Caused by adhesions

(Duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. F. Kieffer M. D.

May 13., 1916. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 912 East Fayette St

Former or usual residence 912 East Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Rosedale

DATE OF BURIAL, 5/15..., 1916

20-UNDERTAKER Jack Levin

ADDRESS E Balto St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

Spec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95103 C95103

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 W. Lexington ST.; 19th WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward A. Murray.

(Residence in Baltimore: No. 1502 W. Lexington St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feby. (Month) 4 (Day), 1888 (Year)

7-AGE, 28 yrs. 3 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Plumber 1,333
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Lynchburg Va.

PARENTS.

10-NAME OF FATHER, Lemuel B. Murray

11-BIRTHPLACE OF FATHER (State or Country), Nelson Co. Va.

12-MAIDEN NAME OF MOTHER Mary L. Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Lynchburg Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marcus Murray

(Address) 1501 W. Lexington St

15- HARRY C. ANDREWS

Filed MAY 15 1916 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 1, 1916, to May 13 1916, that I saw him alive on May 13. 1916, and that death occurred, on the date stated above, at 3.50 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Weakness.

(Duration) yrs. mos. 1 ds.

(Signed) Albert S. Driscoll M. D.

May 13, 1916. (Address) 312 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Pro. Cemetery Lynchburg Va DATE OF BURIAL. 5-16, 1916.

20-UNDERTAKER H. B. Manning Son ADDRESS 517 N. Schroeder St

important. See instructions on back of certificate.

C95104

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C95104

REGISTERED No. C .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 519 N Brice ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME John Ed Wayson

(Residence in Baltimore: No. 519 N Brice St.: 63 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Sept. 15, 1852 (Month) (Day) (Year)

7. AGE: 63 yrs. 7 mos. 29 ds. If LESS than 1 day, ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Life Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer): 630

9. BIRTHPLACE (State or country): Annarundel Co. Md

PARENTS

10. NAME OF FATHER: Geo. W. Wayson

11. BIRTHPLACE OF FATHER (State or country): Anne Arundel Co Md

12. MAIDEN NAME OF MOTHER: Smith

13. BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James E Wayson

(Address) 519 N Brice St.

Filed MAY 15 1916, 191 ... HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1916, to May 14 1916 that I saw him alive on May 13th 1916. and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 3 yrs. ... mos. ... ds

Contributory (SECONDARY) Ex haustion

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Benj Oneal Cleary M. D.

May 14, 1916 (Address) 4004 Parkview Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: 5-16, 1916

20. UNDERTAKER: H. Brauning Son

ADDRESS 517 N Schroeder St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95105 45 C95105

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Timothy Lewis

(Residence in Baltimore: No. 1356 Fremont Ave St.; ....yrs., 1 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) ..... (Day), 1856 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Leroy Lewis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elizabeth Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- MAY 15 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1916, to May 14 1916, that I saw him alive on May 14 1916, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Melanotic Sarcoma of Choroid

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Metastases to liver

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) C. R. Mason M. D.

May 14, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 17 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence 1356 Fremont Ave

19-PLACE OF BURIAL OR REMOVAL, Lancaster Va — DATE OF BURIAL, May 16., 1916

20-UNDERTAKER Daniel Coghill — ADDRESS 916 Va-ave

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95106

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Sterrett ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Schultz

(Residence in Baltimore: No. 1117 Sterrett St.: 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: April (Month) 2 (Day), 1854 (Year)

7-AGE: 62 yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber

9-BIRTHPLACE, (State or Country): France

PARENTS.

10-NAME OF FATHER: John Schultz

11-BIRTHPLACE OF FATHER (State or Country): France

12-MAIDEN NAME OF MOTHER: Marie Roff

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Boyle

(Address) 1117 Sterrett

15- Filed MAY 15 1916 191.... HARRY ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1916, to May 12 1916, that I saw h— alive on May 12 1916, and that death occurred, on the date stated above, at 8 00 m.

The CAUSE OF DEATH* was as follows:

Phthisis (Pulmonary)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 12 ds.

(Signed) Ellen Campbell M. D.

May 13, 1916 (Address) 817 South

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem'y — DATE OF BURIAL: May 15, 1916

20-UNDERTAKER: Geo. Lemmon & Son — ADDRESS: 6211 Reisterstown Rd

Important. See instructions on back of certificate.

C95107 C95107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH. REGISTERED No. C.....

CITY OF BALTIMORE (No. Premises died at St Joseph Hospital ST. 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Durrell.

(Residence in Baltimore: No. 1538 Harget Lane St. Yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Mat	white	Single

6-DATE OF BIRTH. Oct 14, 1901
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
14 yrs. 7 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... (Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Durrell.

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Lowe

13-BIRTHPLACE OF MOTHER (State or Country), Bal.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Durrell

(Address) 1538 Harget Lane

15- MAY 15 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Traumatism "struck by Automobile"

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY.....
(Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) J Knox Insley M. D.
(Coroner.)
191... (Address) 11 E Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cemetery	May 15, 1916
20-UNDERTAKER	ADDRESS
Geo Lumbach & Son	647 N Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95108 C95108

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Registered No. C 120

CITY OF BALTIMORE (No. 1026 Argyle Ave St. 17 Ward)

2-FULL NAME George F. Badger

(Residence in Baltimore: No. above St. 5 yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1865 (Year)

7-AGE: 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): School 35

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: George W. Badger

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis S. Badger
(Address) 1026 Argyle Ave

15. Filed MAY 15 1916, 191_ HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1916, to May 13 1916.
that I saw him alive on May 13, 1916,
and that death occurred, on the date stated above, at 10.45 P. m.
The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

1 9
(Duration) yrs. mos. ds

Contributory (SECONDARY) Uraemia Coma

(Duration) yrs. 1 mos. 6 ds.

(Signed) J. D. Lightenta M. D.
5/17, 1916 (Address) 21 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Bird Nest Sta. Northampton Co. Pa. DATE OF BURIAL: May 16, 1916

20-UNDERTAKER: Des. A. Holland ADDRESS: Roberts

IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL? HOW DID INJURY occur? (Mention the Specific Occupation of Deceased, if any, at time of Injury.) Was Injury Received in INDUSTRY? Was Injury Received While at WORK? Specify Locality of Injury (City or County)

NOTE.—EVERY ITEM OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

95169 95169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56

REGISTERED No. C.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 742 Alpaca Court. ST.: 71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Anderson

(Residence in Baltimore: No. 742 Alpaca Court. St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 2, 1872
(Month) (Day) (Year)

7-AGE, 44 yrs. 2 mos. 13 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Anderson,

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Fields

(Address) 1200 W. Lombard st.

15-MAY 15 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Alfred L. Driscoll M. D.
(Coroner)

May 15, 1916 (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery | DATE OF BURIAL, May 15, 1916.

20-UNDERTAKER John J Fields 1200 W Lombard st | ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95140 C95140

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beulah E. Hall

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, February 8, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 3 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Annapolis Maryland

PARENTS.

10-NAME OF FATHER, Edgar F. Hall

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna M. Gilbert

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- MAY 15 1916 Filed....., 191.....
HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to May 14 1916, that I saw her alive on May 14 1916, and that death occurred, on the date stated above, at 2 20 p.m.

The CAUSE OF DEATH* was as follows:

Complete Anomaly of Larynx
" " Bilateral paralysis
(Duration) yrs. 3 mos. 6 ds.

CONTRIBUTORY (Secondary) Tracheotomy & Bronchitis
(Duration) yrs. mos. 1 ds.

(Signed) Gilbert W. Rosenthal M. D.

May 14 191 6 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State Life mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 114 Conduit St Annapolis Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Oak Lawn Cemetary	May 16, 1916
20-UNDERTAKER	ADDRESS
Christian Millard	1334 Jefferson St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95141 C95141

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Robert ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Johnson

(Residence in Baltimore: No. 507 Robert St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know (Month) (Day), 1872 (Year)

7-AGE, 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Barber.
(b) General nature of industry, business, or establishment in which employed (or employer). Self

9-BIRTHPLACE, (State or Country), Essex Co Va

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Johnson Jr.

(Address) 507 Robert St

15- MAY 15 1916 Filed....., 191.....

BARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 13 1916, that I saw him alive on May 13 1916, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. ?! mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm N. Magruder M. D.

May 13, 1916 (Address) 209 Dresden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mont auburn

DATE OF BURIAL, May 16, 1916.

20-UNDERTAKER John H. Owens

ADDRESS 1222 Druid

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95142 C95142

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruby Banks

(Residence in Baltimore: No. 1330 Ettting St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 10 mos. .....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richmond Banks

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emma Beale

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed MAY 15 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1916, to May 13 1916, that I saw her alive on May 13 1916, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

.....Bronchial Pneumonia.....

.....

..... (Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary).....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Gilbert W. Rosenthal M. D.

May 13, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 1 ds. In the State Life yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1330 Ettting St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery | DATE OF BURIAL, May 15, 1916

20-UNDERTAKER L. A. Bishop | ADDRESS 1107 Division

Important. See instructions on back of certificate.

C95113 C95113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 15 So Eutaw St. 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geraldine O'Bryan.

(Residence in Baltimore) No. 1500 E Monument St. 63 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May 7 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. 9 mos. 6 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bath Co Va

PARENTS.

10-NAME OF FATHER, Conrad Tunnell

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Elizabeth Cooper

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Waller

(Address) 502 N Eutaw St

15- MAY 15 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs.....mos.....ds.

(Signed) Arthur Taylor M. D.
(Coroner)

May 14 191... (Address) 11 E Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem | DATE OF BURIAL, May 16 1916

20-UNDERTAKER William Cook | ADDRESS 502 E Worth st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95114

HEALTH DEPARTMENT--CITY OF BALTIMORE

92 C95114

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1114 St Paul St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret Curran

(Residence in Baltimore: No. 1704 Rutland Av St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May 22, 1849 (Month) (Day) (Year)

7 AGE: 66 yrs. 11 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER: James Wilson

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Elizabeth Kell

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edwd C. Curran

(Address) 1704 Rutland Av

15 MAY 15 1916 Filed ....., 191 .....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1916, to May 13 1916, that I saw her alive on May 13, 1916, and that death occurred, on the date stated above, at 2.30 P m.
The CAUSE OF DEATH* was as follows:

Cronon Pneumonia
(old Myocarditis)

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Cardiac insufficiency

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Francis P. Smith M. D.

May 13, 1916 (Address) 1126 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: May 16, 1916

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 614 Fremont Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C95115

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95115

CERTIFICATE OF DEATH.

91 C95115

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 543 N. Carey ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Bursler Kelly

(Residence in Baltimore: No. 543 N. Carey St.; 69 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct. 12th (Month) (Day), 1822 (Year)

7-AGE, 93 yrs. 7 mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Carroll Co. Md.

PARENTS.

10-NAME OF FATHER, Stephen Bursler

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Hannah Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Wellham

(Address) 543 N. Carey St.

15- Filed MAY 15 [illegible] HARRY ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13th 1916, to May 14th 1916, that I saw h[illegible] alive on May 14 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 3 ds.

(Signed) C. M. Mitchell M. D.

May 15, 1916. (Address) 600 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 17, 1916.

20-UNDERTAKER C. M. Mitchell & Co. — ADDRESS 1201 W. Fayette

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95116 — 5 — 15 V — C95116

REGISTERED No. C .....

PLACE OF DEATH

CITY OF BALTIMORE (No. 635 Sterling St. WARD) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Williams

(Residence in Baltimore: No. 635 Sterling St. Life St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	Blk	Baby

6-DATE OF BIRTH, April (Month) 24 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 20 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Elijah Williams

11-BIRTHPLACE OF FATHER (State or Country). Queen Co. md

12-MAIDEN NAME OF MOTHER Bertha Williams

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Williams

(Address) 635 Elmhurst

15- Filed MAY 15 1916 191... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemmorrhage of navel

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Ross Fisher M. D.
(Coroner.)

191... (Address) 11 E Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	May 15, 1916
20-UNDERTAKER Mrs Robert F Elliot	ADDRESS 506 Rogers St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95117 C95117

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Wilmer

(Residence in Baltimore: No. ..... St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ..., 1883
(Month) (Day) (Year)

7-AGE, 33 yrs. .....mos. .....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 536
(b) General nature of industry, business, or establishment in which employed (or employer)..... Railroad

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Wilmer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Kuhlmann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAY 15 1916, 191... ROBERT . KRAUTER, Special Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1916, to May 10 1916, that I saw h[illegible] alive on May 10 1916, and that death occurred, on the date stated above, at 6.15 P.M.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

..... (Duration) ? yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Uremia

..... (Duration) .....yrs. .....mos. 2 ds.

(Signed) Walter L. Richards M. D.

6/10....., 1916 (Address) Univ. Hosp. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 5 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? don't know

Former or usual residence 1626 Elizabeth St St Louis Mo.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, MAY 13 1916
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

FOR ATTACHMENT TO BURIAL PERMIT

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95118 151 C95118

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 412 N Mount ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Swailes

(Residence in Baltimore: No. 412 N Mount St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, May (Month) 12 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), America - Md

PARENTS.

10-NAME OF FATHER, Albert Swailes

11-BIRTHPLACE OF FATHER (State or Country), America Md

12-MAIDEN NAME OF MOTHER Annie Mauney

13-BIRTHPLACE OF MOTHER (State or Country), America Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Swailes

(Address) 412 N Mount St

15-Filed MAY 15 1916, 191.... ROBERT ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility,
(Cause and Duration.)
He was Twin
(Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary).....
(Duration).....yrs.....mos.....ds.

(Signed) James M Fenlon (Coroner.) M. D.

May 14 1916 (Address) 7 N Eden Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, MAY 15 1916, 19....
20-UNDERTAKER [illegible] Lower Health,	ADDRESS

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 (95119)

(95119)

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 412 N Mount ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Swailes

(Residence in Baltimore: No. 412 N Mount St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, May 13, 1916
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 10 hrs. or.....min.? (10)

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), America - Md

PARENTS.

10-NAME OF FATHER, Albert Swailes

11-BIRTHPLACE OF FATHER (State or Country), America - Md

12-MAIDEN NAME OF MOTHER Annie Massey

13-BIRTHPLACE OF MOTHER (State or Country), America - Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Swailes

(Address) 412 N Mount St

15- Filed MAY 15 1916, 191.... ROBERT . KRAFFT, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility
(Cause unknown to me)
He was a twin

(Duration).....yrs.....mos. ½ ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) James M Faulon M. D.
(Coroner.)

May 15 1916. (Address) 700 E Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	MAY 15 1916
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95120 **CERTIFICATE OF DEATH.** 3 C95120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Wetzel (Second twin)

(Residence in Baltimore: No. 837 Hollins St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 17, 1916. (Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 5 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Earl Poole

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Virgie Wetzel

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gheesay Jr. M.D.

(Address).....

15. MAY 15 1916 ROBERT . GRADDICK, Registrar.
Filed....., 191...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1916. (Month.) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1916, to May 17 1916, that I saw h[illegible] alive on May 17 1916, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity - 8 months

foster

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Congenital Syphilis?

(Duration) ....yrs....mos....ds.

(Signed) John Gheesay Jr. M. D.

May 17, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	MAY 15 1916, 191...
20-UNDERTAKER	ADDRESS

FOR ANATOMICAL PURPOSES

Important. See instructions on back of certificate.

John A. Pindell

C95121

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95121

CERTIFICATE OF DEATH.

156

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1530 Mt Royalan ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Pindell

(Residence in Baltimore: No. 1530 Mt. Royal ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Dec. (Month) 20 (Day), 1844 (Year)

7-AGE: 31 yrs. 4 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Auto. Tires

9-BIRTHPLACE, (State or Country): Corkeysville, Md.

PARENTS.

10-NAME OF FATHER: A. J. Pindell

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Jane H. Scott

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother A. J. Pindell

(Address) 1916 Mt Royal ave

15-MAY 15 1916 ROBERT . KRAUTER,
Filed....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 14 (Month) at 12 M. (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.) John A. Pindell thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) A. Pindell find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Inhalation of gas with Suicidal Intent.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None that I learned

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. McSherry M. D.
(Coroner)

May 15, 1916. (Address) 519 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Suicidal Inhalation of gas

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the home State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence 1530 Mt Royal ave

19-PLACE OF BURIAL, OR REMOVAL. PLACE OF BURIAL. Kenwood Ch. Corkeysville May 16 1916

20-UNDERTAKER W. C. Brooks ADDRESS Parks Md

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 C95122

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Wirtz

(Residence in Baltimore: No. 3046 Cedar Ave. St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) single

6-DATE OF BIRTH, Oct (Month) 29 (Day) 1906 (Year)

7-AGE, 9 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James M Wirtz

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Mary Stanislaus

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James M. Wirtz

(Address) 3046 Cedar Ave

15- Filed MAY 15 1916, 191... ROBERT . KRAUTER, Special Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 15 1916, that I saw h im alive on May 15 1916, and that death occurred, on the date stated above, at 5.15 a.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. 1 mos. ds.

(Signed) J. W. Winton Coln M. D.

May 15, 1916 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 3046 Cedar Ave.

19-PLACE OF BURIAL OR REMOVAL, Westlan Cemetery — DATE OF BURIAL, May 17, 1916

20-UNDERTAKER A S Marshall — ADDRESS 3539 Falls Rd

Important. See instructions on back of certificate.

C95123 C95123

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C [redacted]

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 122 W. 24th St. 151 ST.; 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Emma Krautter

(Residence in Baltimore: No. ..... St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male.	White	Single

6-DATE OF BIRTH May 15, 1916
(Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto. Md.

PARENTS

10-NAME OF FATHER Thomas Aberdeen Krautter

11-BIRTHPLACE OF FATHER (State or country) Pa.

12-MAIDEN NAME OF MOTHER Emma M. Hazelhurst

13-BIRTHPLACE OF MOTHER (State or country) Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15. MAY 15 1916 ROBERT F. KRAUTTER,
(Date) ....., 191 [illegible]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 15, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1916, to May 15 1916.
that I saw him alive on May 15, 1916,
and that death occurred, on the date stated above, at 1.40 A.M.
The CAUSE OF DEATH* was as follows:

Premature birth
Cause Unknown

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Thomas Krautter M. D.
May 15, 1916 (Address) 1435 Hanover Ave

*State the DISEASE CAUSING DEATH, or, in deaths from: VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
COLLEGE OF P. & S.	MAY 15 1916, 191
20-UNDERTAKER Commissioner Health	ADDRESS

Kindly call for disposal

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—[illegible]24-14—M. & T.—2000 Bks.

Spec.—1924-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95124

CERTIFICATE OF DEATH.

92 C95124

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Riley

(Residence in Baltimore: No. 1503 N. 36th St. St.; 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 5 (Day), 1907 (Year)

7-AGE, 17 yrs. mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Robert Riley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary S Rosier

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Riley

(Address) 1503 N 36th

15- Filed MAY 15 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1916, to May 13 1916, that I saw h[illegible] alive on May 13 1916, and that death occurred, on the date stated above, at 7.20 m.

The CAUSE OF DEATH* was as follows;

Lobar Pneumonia

Duration 3 days

Emphysema

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart

(Duration) yrs. mos. ds.

(Signed) H. P. Cluff M. D.

May 13 1916 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 14 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1503 N. 36th St.

Former or usual residence 1503 N. 36th St.

19-PLACE OF BURIAL OR REMOVAL, Parkton Md

DATE OF BURIAL, May 16, 1916.

20-UNDERTAKER E. LeRoy Stiffler

ADDRESS 844 N 36th St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95125 C95125

CERTIFICATE OF DEATH.

REGISTERED NO. C 78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Etting ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Squire

(Residence in Baltimore: No. 2227 Etting St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ——— (Month) ——— (Day) 1861 (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Richmond Va.

PARENTS.

10-NAME OF FATHER, Isaac Barnes.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Barnes

(Address) 2227 Etting St.

15- Filed MAY 15 1916, 191... ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12th 1916, to May 14th 1916, that I saw her alive on May 11th 1916, and that death occurred, on the date stated above, at 9 50 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis & Cardiac Mitral Insufficiency (Duration) yrs. 7 mos. ds.

(Signed) Howard Gilchrist M. D.

May 15, 1916... (Address) 1324 N. Ninth St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, May 17, 1916

20-UNDERTAKER Samuel L Heuisler ADDRESS 5 N Bradley Av

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95126

CERTIFICATE OF DEATH.

66

C95126

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Wausau ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Hopkins

(Residence in Baltimore: No. 730 Wauscha St.; 44 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1884 (Year)

7-AGE, 32 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Joseph Hopkins

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Florence Blake

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Hopkins

(Address) 730 Wauscha St.

15-MAY 15 1916 Filed ....., 191.. ROBERT . KRAUTHE, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13th (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 17th 1916, to May 13th 1916, that I saw h[illegible] alive on May 12th 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Paralysis

(Duration) ... yrs. ... mos. 1D. ds.

CONTRIBUTORY (Secondary) Pneumonia Lobular

(Duration) 4 yrs. ... mos. ... ds.

(Signed) E Wreck M. D.

May 15th, 1916. (Address) 607 W Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem.

DATE OF BURIAL, May 16 1916

20-UNDERTAKER Samuel S Mendes

ADDRESS 372 Park

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95127

CERTIFICATE OF DEATH.

120

C95127

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2538 Madison Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elias Leeman

(Residence in Baltimore: No. 2538 Madison Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, March 18, 1867
(Month) (Day) (Year)

7-AGE, 49 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 655
(b) General nature of industry, business, or establishment in which employed (or employer)..... Horse Dealer

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Henry Eldenstein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henrietta Rosenstock

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....Julius Wilson

(Address)....N.E. 3 & Madison ave

15- Filed MAY 16 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9th 1916, to May 15th 1916, that I saw him alive on May 15th 1916, and that death occurred, on the date stated above, at 12:30 Am.

The CAUSE OF DEATH* was as follows:

Chronic Interstial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) D. Silverburg M. D.

May 15, 1916 (Address) N 33 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... dy. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Oheb Sholom Cem — DATE OF BURIAL, May 17, 1916.

20-UNDERTAKER J. H. Rosen Co — ADDRESS 1611 Linden

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95128

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95128

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Lemmon ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel T. Lyle

(Residence in Baltimore: No. 817 Lemmon St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, Unknown (Month), 1828 (Day) (Year)

7-AGE, 78 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Lyle

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Hawkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lyle

(Address) 647 N. Lafayette Ave.

15- MAY 16 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1915, to May 14 1916, that I saw h[illegible] alive on May 12 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 10 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno. C. Chatard M. D.

May 14, 191.. (Address) 206 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Interment Auburn Cemetery

DATE OF BURIAL, May 1. 1916.

20-UNDERTAKER Alfred J. Freeland

ADDRESS 1144 N. Schroeder

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95129 8 1 C95129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #2506 E Fairmount Ave ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adeline Evans

(Residence in Baltimore: No. #2506 E Fairmount Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 79 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or estsblishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mira Evans.

(Address) 2506 E Fairmount Ave.

15- Filed MAY 16 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15th (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 18th 191 5, to May 15 191 6, that I saw h[er] alive on May 1st 191 6, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(Duration) Yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw. N. Livingstood M. D.

May 15th, 1916. (Address) 5 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 18th 1916.

20-UNDERTAKER G & B Harb — ADDRESS 115 E Lexington St

Impt. Stamp. Do not write on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95130

REGISTERED No. C 95130

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 Riverside Ave. WARD) 24

2-FULL NAME Elizabeth J. Knoop

(Residence in Baltimore: No. 1142 Riverside Ave St.; Not Known yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 12 (Day) 1843 (Year)

7-AGE: 73 yrs. 2 mos. 28 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Dorchester Co. Md.

PARENTS

10-NAME OF FATHER: Jno Knoop

11-BIRTHPLACE OF FATHER (State or country): Rochester Co.

12-MAIDEN NAME OF MOTHER: Sarah A. Hooper

13-BIRTHPLACE OF MOTHER (State or country): Dorchester Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno. Stelzenburger

(Address) 1142 Riverside Ave.

MAY 16 1916 Filed 191

HARRY C. ANDREWS Burial Permit Clerk & REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16, 1915, to, May 15 1916, that I saw her alive on May 14 1916 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Accidental falling causing fracture of hip joint

(Duration) yrs 5 mos. ds.

Contributory (SECONDARY) Infirmities of old age

(Duration) yrs mos. ds.

(Signed) F. E. Smith M.D.

May 15 1916. [Address] 920 Light St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet — DATE OF BURIAL: May 17th 1916

20-UNDERTAKER: E. & B. Hartz — ADDRESS: 1158 West St.

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95131 — 105 — C95131

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 N Exeter ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvatora Bonomo

(Residence in Baltimore: No. 432 N Exeter St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) Wife

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Bonomo

(Address) 432 N. Exeter st

15- MAY 16 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3d 1916, to May 15th 1916, that I saw h[er] alive on May 14 1916, and that death occurred, on the date stated above, at 7.40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Dysentery

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion Profound

(Duration) hrs. mos. ds.

(Signed) A. Bolen M. D.

May 16th, 191 6 (Address) 607 N Chester

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery

DATE OF BURIAL, May 17, 1916

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C95132

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C95132

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95132

CERTIFICATE OF DEATH.

15 15 V

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 N. Laurens ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME infant of John & Edna Stallings

(Residence in Baltimore: No. 16 Fr W. Laurens St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, May (Month) 13 (Day), 1916 (Year)

7-AGE, ...yrs....mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, John Stallings

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Edna Huck

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. M. Freeman

(Address) N. 32 Linden av

15- MAY 16 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1916, to May 15 1916, that I saw her alive on May 15 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

.....

Congenital atelectasis

.....

..... (Duration).....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary) 1/2 hrs. prior

..... (Duration).....yrs.....mos.....ds.

(Signed) H. M. Freeman M. D.

....., 191... (Address) N. 32 Linden av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, May 16, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North

acz

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95133 92 C95133

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3329 Beech Ave ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Shelley

(Residence in Baltimore: No. 3329 Beech Ave St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Don't know ....., 1..... (Month) (Day) (Year)

7-AGE, about 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura E Shelley .....

(Address) 3329 Beech Ave .....

15- MAY 16 1916 HARRY [illegible]
Filed....., 191.... [illegible]
Registrar.

12 E 25

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7th 1916, to May 14th 1916, that I saw h[illegible] alive on May 14 1916, and that death occurred, on the date stated above, at 3:50 p.m.

The CAUSE OF DEATH* was as follows:

..... Colon Cancer .....

..... (Duration) ..... yrs. ..... mos. 7 ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Fuller M. D.

May 15th, 1916 (Address) 17 W. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL, 5/16....., 1916

20-UNDERTAKER William Cook

ADDRESS 302 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C95134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C95134

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ray Gildea

(Residence in Baltimore: No. 1491 3726 York Rd St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH ..... May (Month) 10 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 6 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Ray Gildea

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Florence Toms

13-BIRTHPLACE OF MOTHER (State or Country), Pittsburg Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ray Gildea

(Address) 3726 York Road

15- Filed MAY 16 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 16 1916, that I saw h im alive on May 16 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

..... Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Harry Grant M. D.

May 16, 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. 6 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Hebrew Hosp only

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cem. DATE OF BURIAL, May 17, 1916.

22-UNDERTAKER McLean & Jones ADDRESS 833 Linden ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(95135 92 C95135

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 897 Ramsay ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Clark.

(Residence in Baltimore: No. 897 Ramsay St.; Five yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, May 14 1857
(Month) (Day) (Year)

7-AGE 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Patrick Mullen

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Glinna

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clark

(Address) 89 7 Ramsay

15- Filed MAY 16 1916 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 13 1916, that I saw her alive on May 13 1916, and that death occurred, on the date stated above, at 12 40 a m.

The CAUSE OF DEATH* was as follows:

..... (a) .....

Lobar Pneumonia

.....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Brain abscess

..... (b) ..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) J. Hutchinson M. D.

May 15, 1916. (Address) 1227 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn	May 17, 1916
20-UNDERTAKER John Howard	ADDRESS 2nd & Fairmount

Spec.—5-19-17—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95136 64 C95136

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 W Lee St. ST.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude M. Hoff

(Residence in Baltimore: No. 641 W Lee St. St.; 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, March (Month) 19 (Day), 1830 (Year)

7-AGE, 86 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... NONE.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, don't know

11-BIRTHPLACE OF FATHER (State or Country), don't know

12-MAIDEN NAME OF MOTHER don't know

13-BIRTHPLACE OF MOTHER (State or Country), don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Schumann

(Address) 641 W Lee St

15- Filed MAY 16 1916 HARRY C. ANDREWS Registrar Clerk

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 14 1916, that I saw h[er] alive on May 13. 1916, and that death occurred, on the date stated above, at 12 50 AM

The CAUSE OF DEATH* was as follows:

Lobar Crouical Haemorrhage. (apoplexy) 4

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) Don't know yrs. mos. ds.

(Signed) M. Schuimpes M. D.

5.15., 1916 (Address) 612 Columbus Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 16., 1916.
20-UNDERTAKER	ADDRESS
James Lignan & Son	1000 S. Paca St

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95137

CERTIFICATE OF DEATH.

28

C95137

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 N. Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mammie E. Burris

(Residence in Baltimore: No. 1442 N. Mount St. 18 yrs. 10 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, June (Month) 29 (Day), 1897 (Year)

7-AGE, 18 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Trained Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): 855

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jas W. Burris

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Lucy C. Beverly

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy C. Burris

(Address) 1442 N. Mount St

15- Filed MAY 16 1916, 191.....

HARRY C. ANDREWS
Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Apr~~ May 25 1916, to May 14 1916, that I saw ~~her~~ alive on May 14 1916, and that death occurred, on the date stated above, at 2.05 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(Duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. C. Finch M. D.

May 14 191 6 (Address) 1373 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, May 16, 1916

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Ruxton

Spec.—5-19-13—M. & T.—500 Bks.

C95138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C95138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 S Broadway ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Counihan

(Residence in Baltimore: No. 417 S Broadway St.; 65 yrs., 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Oct 9, 1850 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
65 yrs. 7 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: retired 25
(b) General nature of industry, business, or establishment in which employed (or employer): Brickmaker

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Joseph Counihan

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Elizabeth Beckett

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Counihan

(Address) 417 S Broadway

15- MAY 16 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1916, to May 15 1916, that I saw h[illegible] alive on May 15 1916, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

a Hypostatic Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hemiplegia Left (Apoplexy)

(Duration) yrs. mos. 4 ds.

(Signed) Howard Kelly M. D.

May 16 191.6 (Address) 2027 N Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	May 18, 1916
20-UNDERTAKER Joseph B. Cook	ADDRESS 1003 Walbrook

C95139

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C95139

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 N Wolfe ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Walter

(Residence in Baltimore: No. 910 N Wolfe St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: April 18, 1852 (Month) (Day) (Year)

7-AGE: 64 yrs. 0 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Balt City

PARENTS

10-NAME OF FATHER: John A Walter

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Barbara Halter

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benj F Robert

(Address) 2324 E Monument

15- Filed MAY 16 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 15, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1916, to, May 15 1916, that I saw h[illegible] alive on May 14 1916, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 0 yrs. 0 mos. 8 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), John H Gershang M. D.

May 15, 1916 [Address] 3100 Harford Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

18-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: May 18 1916

20-UNDERTAKER: Henry Lutz

ADDRESS: 1007 N. Bond

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95140

CERTIFICATE OF DEATH.

45

C95140

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 N. Rose ST.; 6th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Godridge De Vaughn

(Residence in Baltimore: No. 212 N. Rose St

64 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, January 1st (Month) (Day), 1840 (Year)

7-AGE, 76 yrs. 4 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired 31
(b) General nature of industry, business, or establishment in which employed (or employer) Machinist

9-BIRTHPLACE, (State or Country), Alexandria, Va.

PARENTS.

10-NAME OF FATHER, Thomas. De Vaughn

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Nancy Harper

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Corella

(Address) 913 N. Bradford St

15- MAY 16 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1916, to May 14 1916, that I saw h[illegible] alive on May 13 1916, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Pneumonia & Paralysis

Chronic Nephritis

(Duration) 6 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Toxic Absorption Jaundice

(Duration) 2 yrs. mos. 7 ds.

(Signed) Edward J. Elwork M. D.

5/15, 191.6 (Address) 418 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet | DATE OF BURIAL, May 17, 191.6

20-UNDERTAKER A. S. Marshall | ADDRESS 2539 W Falls Rd

Spec.—8 2 1 4—M. & T.—5000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95141

CERTIFICATE OF DEATH.

64 C95141

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Asquith & Ashland Aves. WARD) 10

REGISTERED NO. C

2-FULL NAME Mary Bologna Aschemann

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Notre Dame Convent Asquith & Ashland Aves St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 28, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. ..... mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Religious
(b) General nature of industry, business, or establishment in which employed (or employer) 16

9-BIRTHPLACE, (State or Country). Quincy Illinois

PARENTS.

10-NAME OF FATHER, Joseph Aschemann

11-BIRTHPLACE OF FATHER (State or Country). Prussia

12-MAIDEN NAME OF MOTHER Mary Ann Sanders

13-BIRTHPLACE OF MOTHER (State or Country). Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Mary Clarissa

(Address) Asquith & Ashland Aves

15- Filed MAY 16 1916 ROBERT , KRAUTH, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1 1916, to May 15 1916, that I saw h[illegible] alive on May 14 1916, and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Heart Failure (Apoplexy)

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Kirby M. D.

May 15 1916 (Address) 1106 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Notch Cliff Md. DATE OF BURIAL, May 17, 1916

20-UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95142

1-PLACE OF DEATH Nursery & Child's Hosp 122

CITY OF BALTIMORE: (No. Franklin & Schroeder 19 ST. (WARD) St

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Cullen

(Residence in Baltimore: No. Nursery & Child's Hosp St.; 2 yrs., 4 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, March (Month) ..... (Day), 1914 (Year)

7-AGE, 2 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Child

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery & Child's Hosp

(Address) Franklin & Schroeder Sts

15- MAY 16 1916 ROBERT . KRAUTER,
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1914, to May 15 1916, that I saw h[illegible] alive on May 15 1916, and that death occurred, on the date stated above, at 12 10 A.m.

The CAUSE OF DEATH* was as follows:

Acute Diffuse Nephritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Pyelitis

(Duration) 1 yrs. 4 mos. 7 ds.

(Signed) Edgar J. Trudenmald M. D.

....., 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 4 mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not known.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew Cem — DATE OF BURIAL, May 16., 1916

20-UNDERTAKER J Ahrens & Co — ADDRESS 1611 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95143 C95143

CERTIFICATE OF DEATH.

8

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 E. Monument ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara M. Kzepp

(Residence in Baltimore: No. 1911 E Monument St.; 1 yrs., — mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single.

6-DATE OF BIRTH, May (Month) 1st (Day), 1915 (Year)

7-AGE, 1 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frank J. Kzepp

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Hazel Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Frank J. Kzepp

(Address) 1911 E. Monument St.

15- Filed MAY 16 1916, 191.... ROBERT J. KRAUTER BURIAL PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Apr 25 1916, to May 16 1916, that I saw h[illegible] alive on May 14 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

Bronchopneumonia

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Dysentery

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Wm Kline M. D.

May 16, 1916. (Address) 701 N. Kenwood Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, May 17, 1916.

20-UNDERTAKER Henry Hoeck Son

ADDRESS 1301 E Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95144 C95144

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Anthony ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (William Berger

(Residence in Baltimore: No. 1425 Anthony St.; 39 yrs., 4 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. (Month) 21 (Day) 1876 (Year)

7-AGE, 39 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shirt Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): 357

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Berger

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Elizabeth Goke

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Theresia Berger

(Address) 1425 Anthony St

15. MAY 16 1916

Filed....., 191... ROBERT KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10" 1916, to May 15" 1916, that I saw h— alive on May 15" 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

a. Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Theodore Rohentamm M. D.

May 16, 1916 (Address) 2129 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery. DATE OF BURIAL, May 18, 1916

20-UNDERTAKER Henry Hoeck's Sons ADDRESS 301 E Eager St

Important: See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95145 x131 C95145

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH Bonnie Sullivan Sanatorium

CITY OF BALTIMORE: (No. 2724 Charles St ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Martha B. Hearn.

(Residence in Baltimore: No. 2724 N. Charles St. St.; ....yrs., mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 22, 1839 (Month) (Day) (Year)

7-AGE, 76 yrs. 9 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Delmar Delaware

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estelle B. Hearn

(Address) Washington D.C.

15- MAY 16 1916 ROBERT E. KRAUTHOFF Burial Permit Clerk

Filed....., 1916..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1916, to May 16 1916, that I saw her alive on May 16 1916, and that death occurred, on the date stated above, at 4 55 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Tumor

18 years (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Child birth

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. H. Bredler M. D.

May 16, 1916 (Address) 119 N. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 0 yrs. 0 mos. 25 ds.

Where was disease contracted, if not at place of death? Smithfield Va.

Former or usual residence Smithfield Va.

19-PLACE OF BURIAL OR REMOVAL Va DATE OF BURIAL, May 17 1916

Smithfield Isle of Wight

20-UNDERTAKER Williams Cook ADDRESS 507 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C95146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 28 C95146

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adelaide Demby

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ..... yrs., 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, May 22, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. 11 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Missouri

PARENTS.

10-NAME OF FATHER, Edward Von Windegger

11-BIRTHPLACE OF FATHER (State or Country), St. Louis Mo.

12-MAIDEN NAME OF MOTHER Katherine Nashe

13-BIRTHPLACE OF MOTHER (State or Country), Clarksville Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- MAY 16 1916 ROBERT . KRAUTH
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 16 1916, to May 16 1916, that I saw her alive on May 16 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Abdominal Abscess Surgical

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Operation

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. E. Dandy M. D.

May 16, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 4 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 430 E Lancaster St St Davids Pa.

19-PLACE OF BURIAL OR REMOVAL, Hagerstown MD

DATE OF BURIAL, May 16, 1916

20-UNDERTAKER Albert C Fuller

ADDRESS 221 N Broadway

John Max

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95147 — x 159 — C95147

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Branch dead at St Joseph St. Hospital 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Max

(Residence in Baltimore: No. at St Joseph Hospital, St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH. April (Month) 29 (Day), 1866 (Year)

7-AGE. 50 yrs. mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Generals

9-BIRTHPLACE, (State or Country), Carolina

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country) not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Max

(Address) Back River

15- MAY 16 1916, 191. ROBERT . KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1a. Suicide by firearms

shot self in Left Temple,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. R. Insley M. D. (Coroner.)

May 16 1916. (Address) 1 E Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 30 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....Back River Md.

Former or usual residence Back River Md.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer.	May 17, 1916.
20-UNDERTAKER	ADDRESS
Frank Coady & Son.	1914-16 Ashland Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24

C95148

C95148

1-PLACE OF DEATH.
CITY OF BALTIMORE: (No. 1414 Fraction ST.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Joseph Engles

(Residence in Baltimore: No. 1414 Fraction St.; 62 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, April (Month) 16 (Day), 1854 (Year)

7-AGE, 62 yrs. 1 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gardner
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, William Engles

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maria Grammer

13-BIRTHPLACE OF MOTHER (State or Country) England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Engles

(Address) 1414 Fraction Ave.

15- Filed MAY. 16 1916 191... ROBERT ... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9th 1916, to May 16 1916, that I saw him alive on May 16th 1916, and that death occurred, on the date stated above, at 3:20 a. m.

The CAUSE OF DEATH* was as follows:

Running nail in foot

Accident

(Duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) Tetanus

(Duration) ... yrs. ... mos. 7 ds.

(Signed) E. G. Showen M. D.

May 16, 1916. (Address) 1324 W North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 18, 1916.

20-UNDERTAKER William Cook — ADDRESS 502 E North

Important. See instructions on back of certificate.

C95149

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95149

CERTIFICATE OF DEATH

REGISTERED No. C 15 7

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1621 Ashburton St ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P. Hoddinott

(Residence in Baltimore: No. 1621 Ashburton St St. Septem yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 25, 1913 (Month) (Day) (Year)

7-AGE: 3 yrs. 1 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: S. Charles Hoddinott

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Edith L. Cropley

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. Charles Hoddinott

(Address) 1621 Ashburton Street

MAY 16 1916 Filed, 191

ROBERT J. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1916, to May 14 1916, that I saw h— alive on May 13, 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Scarlet fever

(Duration) — yrs. — mos. 8 ds

Contributory (SECONDARY) Measles Bronchitis

(Duration) yrs. 1 mos. ds.

(Signed) Wm Kneale M. D.

May 16, 1916 (Address) 2008 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: May 17, 1916

20-UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

10 A. M.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95150

CERTIFICATE OF DEATH.

C95150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 904 N Caroline St.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Kraus

(Residence in Baltimore: No. 904 N Caroline St.; Fifty yrs., 7 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 21, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Harry Barbell

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Clara Kraus

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Kraus

(Address) 904 N Caroline St

15- MAY 16 1916 ROBERT KRAUER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1916, to May 16 1916, that I saw her alive on May 16 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Whooping Cough

unknown (Duration) yrs. mos. ds.

(Signed) B F Herzog MD

May 16, 191 6 (Address) 1305 E Baltimore

M. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, May 17, 1916.

20-UNDERTAKER Wm Cook

ADDRESS 502 N North Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95151 64 C95151

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Seeds

(Residence in Baltimore: No. 5 W. Heath St. ST.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

6-DATE OF BIRTH, Feb. 24, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 2 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, George Seeds

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Sophia Lockman

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Frost

(Address) Calvert St.

15- MAY 16 1916 ROBERT KRAUTER Registrar

Filed ..... 191 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12 191 , to May 16 191 6, that I saw h alive on May 16 191 6 and that death occurred, on the date stated above, at 12.05 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) Gustav Ehrmann M. D.

May 16, 1916. (Address) 1 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 2 yrs. mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 5 W. Heath St.

Former or usual residence 5 W. Heath St.

19-PLACE OF BURIAL OR REMOVAL, Western Cem DATE OF BURIAL, May 17, 1916.

20-UNDERTAKER Robt J Swan ADDRESS 14 & 21 Bway

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95152 C95152

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1508 N. Post ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Tieman

(Residence in Baltimore: No. 1508 N. Post St. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, July (Month) 15 (Day), 1845 (Year)

7-AGE, 70 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Dietrich Meyrhon

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Dont. Know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul S Tieman

(Address) 1508 N Post St.

15- MAY 16 1916 ROBERT , KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1916, to May 14 1916, that I saw her alive on May 14 1916, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. 1 mos. ds.

(Signed) B. Pitzer M. D.

May 15, 1916. (Address) 1305 N. Patt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, May 17, 1916

20-UNDERTAKER H. R. Turner — ADDRESS 1429 Bway

Information. See instructions on back of certificate.

695153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1864

695153

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland Hospital ST.: 17 WARD)

REGISTERED No. C...

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Albert Eckels

(Residence in Baltimore: No. 413 W. Franklin St St.: yrs., unknown mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ..., 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tinsmith
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Albert Eckels

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Josephine Herold

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Hall

(Address) 413 E. Franklin St.

15- Filed MAY 16 1916, 191.....

MORART . KRAUTER Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture at base of Skull, Incurred from a fall being Intoxicated at the time.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probably Homicide

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Driscoll M. D.
(Coroner.)

May 16, 1916. (Address) 912 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Philada	May 18, 1916.
20-UNDERTAKER	ADDRESS
Wm. D. Fahey & Sons	1518 Eutaw Pl.

CAUSE OF DEATH to be plainly written, as this is very important. See instructions on back of certificate. Exact statement of OCCUPATION is very properly classified. may be

Spec.—24-14—M. & T.—2000 Bks.

95154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 C95154

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 Paridant ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Contento

(Residence in Baltimore: No. 306 Paridant St.; 39 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 23, 1851
(Month) (Day) (Year)

7-AGE, 64 yrs. 11 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Monaco

(Address) 318 Paridant St.

15- MAY 17 1916 HARRY C. ANDERSON
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 191 6, to May 15th 191 6, that I saw h.. alive on May 14 191 6, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Was sick and weak with Grand debility, Apoplexy and Cerebral Embolism was Cause of death

(Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Senility & Debility

(Duration) 1 yrs. 6 mos. ..... ds.

(Signed) D. W. Cathell M. D.

May 16, 1916. (Address) 1636 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincent	May 17, 1916.
20-UNDERTAKER Wendel & Reppert	ADDRESS 373 Mn.

IMPORTANT. See instructions on back of certificate.

Spec.—6 24 14—M. & T.—2000 Blks.

C95155

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95155

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N. Mount St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma B. Duncan

(Residence if not Baltimore: No. 223 N. Mount St.; 44 yrs., 9 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July 30th, 1871. (Month) (Day) (Year)

7-AGE, 44 yrs. 9 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Habbett

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Margaret McCullen

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter T. Duncan

(Address) 223 N. Mount St.

15- MAY 17 1916 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATE.

16-DATE OF DEATH, May 16th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1915, to May 16, 1916, that I saw h er alive on May 15 1916, and that death occurred, on the date stated above, at 12.15 m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

Nervous Prostration

(Duration) ....yrs. 5 mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. W. Waters M. D.

....., 191... (Address) 1621 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, May 19th, 1916.

20-UNDERTAKER Mr. & Mrs. John H. Seidel — ADDRESS 824 W. Fayette St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95156

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95156

CERTIFICATE OF DEATH.

42

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1145 N Woodyear St.; 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Novella Mitchell

(Residence in Baltimore: No. 1145 N Woodyear St.; 29 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... Unknown (Month), ... (Day), 1887 (Year)

7-AGE,	If LESS than 1 day,
29 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jasper Clayton

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas E. Mitchell

(Address) 1145 N Woodyear St.

15- Filed MAY 17 1916 HARRY T. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10* 1916, to May 15 1916, that I saw h.r alive on May 13 1916, and that death occurred, on the date stated above, at 8:20 m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia

..... Lacerations of Uterus (Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Cancer Infiltration of Cervix (Duration) — yrs. 6 mos. — ds.

(Signed) Edward E. Hackmann M. D.

May 16, 191... (Address) 1339 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, May 18th 1916

20-UNDERTAKER Felix B Pipe. — ADDRESS 102 E Mulberry

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95157 C95157

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 McCulloh ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel Honigman

(Residence in Baltimore: No. 1012 McCulloh St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1868.
(Month) (Day) (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Hanis Honigman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Hannah Fuchs

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Honigman

(Address) 1012 McCulloh St.

15-

Filed MAY 17 1916 HARRY C. ATKINS Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1916, to May 16 1916, that I saw h[illegible] alive on May 16 1916, and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Laparatomy showed man at cardia
no autopsy
(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pellagra
(Duration) yrs. mos. ds.

(Signed) Herman Seidel M. D.

May 16, 1916. (Address) 1523 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1012 McCulloh St

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Rosedale Cem. DATE OF BURIAL, May 17, 1916.

20-UNDERTAKER A. Levinson & Bro. ADDRESS 1[illegible] E Balto St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95158

HEALTH DEPARTMENT—CITY OF BALTIMORE

81 C95158

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf ST. ? WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Miller

(Residence in Baltimore: No. 813 N. Chester St.; 68 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, November 23, 1834 (Month) (Day) (Year)

7-AGE, 81 yrs. 5 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocerier Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper (Retired)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Miller

(Address) 741 N. Patterson Park Ave

15- MAY 17 1916 HARRY C. ABELING

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 19 1916, to May 16 1916, that I saw him alive on May 16 1916, and that death occurred, on the date stated above, at 10:30 P.m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene of two toes of Right foot

Chronic Arteriosclerosis,

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) yrs. mos. 2 ds.

(Signed) E. H. Zeiler M. D.

May 16, 1916 (Address) Church Home Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. - ds. In the State 60 yrs. mos. ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 813 N Chester St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, May 19, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95159 C95159

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Nursery & Child Hosp REGISTERED No. C 51

CITY OF BALTIMORE: (No. 16 Franklin & Schroeder St; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion Groves

(Residence in Baltimore: No. Nursery & Child Hosp.; yrs. 11 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, May 25, 1916 (Month) (Day) (Year)

7-AGE, yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery & Childs Hosp

(Address) Franklin & Schroeder

15- Filed MAY 17 1916 HARRY [illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1915, to May 16 1916, that I saw her alive on May 16 1916, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

Sudden

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Malnutrition

(Duration) yrs. 1 mos. [illegible] ds.

(Signed) Edward Strauchenwald M. D.

May 17, 1916 (Address) 1816 Fendall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Nursery & Childs Hospital

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 17, 1916

20-UNDERTAKER George J Smith — ADDRESS 1000 Pa Ave

Important. See Instructions on back of certificate.

C95160

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95160

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 715 N. Fulton Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME James L. McGorman

(Residence in Baltimore: No. 715 N. Fulton Ave St.; 85 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. Aug 18, 1960 (Month) (Day) (Year)

7-AGE. 55 yrs. 8 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): None 67

9-BIRTHPLACE. (State or Country). Canada

PARENTS.

10-NAME OF FATHER. Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER. Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry McGowen Son.

(Address) Philadelphia Pa

15 MAY 17 1916 Filed ....., -191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ... yrs. ... mos. 10 Minutes ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(Duration) ... yrs. ... mos. ... ds.

Signed) J. Miller Shim, M. D.

(Coroner.)

May 17 1916. (Address) 619 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? I am not known

Former or usual residence Phila. Pa.

19-PLACE OF BURIAL OR REMOVAL. Philadelphia Pa

DATE OF BURIAL. May 19 1916

20-UNDERTAKER W. J. Tuckerman

ADDRESS Walnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95161

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95161

CERTIFICATE OF DEATH.

56

1. PLACE OF DEATH
CITY OF BALTIMORE (No. City Jail, ST.: 3 WARD) REGISTERED No. C

2. FULL NAME Mamie White

(Residence in Baltimore: No. 1419. Eastern Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Oct. 16, (Month) (Day) 1889 (Year)

7-AGE. 26 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Joseph White

11-BIRTHPLACE OF FATHER (State or Country), Poland,

12-MAIDEN NAME OF MOTHER Tresia Rutkoski

12-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Rutkoski

(Address) 312 S Ann St

15- Filed MAY 17 1916 HARRY C. ARNOLD Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Dual Pneumonia Duration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. ds.

(Signed) W. J. Riley (Coroner.) M. D.

May 16 1916 (Address) 1639 Boundary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1419 Eastern Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, May 18 1916

20-UNDERTAKER John A Horan

ADDRESS Bank & Ann Sts

CAUSE OF DEATH. If plain terms, as that it may be properly classified. Each statement of CAUSES is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C95162

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Deano

(Residence in Baltimore: No. 603 W Lexington St.; 50 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.) Married

6-DATE OF BIRTH, Feb 19, 1839
(Month) (Day) (Year)

7-AGE, 77 yrs. 2 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 67
(b) General nature of industry, business, or establishment in which employed (or employer): Fruit Merchant

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Andrew Deano

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Theresa Stace

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Mount St.

15-Filed MAY 17 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to May 15, 1916, that I saw him alive on May 15, 1916, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as-follows:

Myocarditis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) 0 yrs. ... mos. 8 ds.

(Signed) Edward M. Lemmon M. D.

May 16, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 15 ds. In the State 50 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 603 W Lexington St.

Former or usual residence 603 W Lexington St.

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cemetery DATE OF BURIAL, MAY 18 1916

20-UNDERTAKER Geo A Gerber ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95163 — 120 C95163

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 N. Payson ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Sonneman Sr.

(Residence in Baltimore: No. 608 N Payson st St.; Life time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~(SINGLE)~~ MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, April 7th, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): Cutter

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Sonneman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Berger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Augusta Sonneman

(Address) 608 Payson St.

15- Filed MAY 17 1916, 191.... HARRY [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 20 1916, to May 16 1916, that I saw h im alive on May 16 1916, and that death occurred, on the date stated above, at 10 55 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema & General Anasarca

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Nephritis

(Duration) at least yrs. 1 mos. ds.

(Signed) M Bonn M.D.

May 16, 191.6. (Address) 626 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, MAY 19 1916

20-UNDERTAKER Geo A Gerber — ADDRESS Balto & Payson Sts

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95164

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95164

CERTIFICATE OF DEATH.

68

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 43 E. York ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Rosenblatt (Rosenblatt)

(Residence in Baltimore: No. 10 N. Bond St St.; 23 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 9, 1893
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
23 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Michael Leritzky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Ida Freedman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Balto St

15- MAY 17 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1916, to May 16 1916, that I saw h er alive on May 16 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute Mania —

(Duration)..... yrs. 1 mos.....ds.

CONTRIBUTORY (Secondary) Gen. Paralysis

(Duration)..... yrs.....mos. 10 ds.

(Signed) Isabel Bruner M. D.

May 17, 1916 (Address) 125 W Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Workmen Circle DATE OF BURIAL, 5/17, 1916

20-UNDERTAKER Jack Lewis ADDRESS E Balto St

Important.—See instructions on back of certificate.

C95165 C95165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 5 120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 160 East St. ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Green

(Residence in Baltimore: No. 160 East St.; Yrs. Life mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
30 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dr. 877

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Wilson Green

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lizebath Barber

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Smith

(Address) 160 East St.

15- Filed MAY 17 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Brights disease

East Kidney (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY Edema Brain (Secondary)

East Kidney (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Riley (Coroner) M. D.

May 16, 1916 (Address) 1639 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	May 17, 1916
20-UNDERTAKER	**ADDRESS**
John W Henderson	31 N Caroline

important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Blks.

C95166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95166

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Dukeland ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Thomas Harwell Thomas

(Residence in Baltimore: No. 2015 Dukeland St St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 16 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 1 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto - Md

PARENTS.

10-NAME OF FATHER, Harwell Thomas

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Lena Gear

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harwell Thomas

(Address) 2015 Dukeland St

15-

Filed MAY 17 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1916, to May 17 1916, that I saw h[im] alive on May 17 1916, and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

Premature infant -
6½ months utero gestation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C W Hoffman M. D.

March 6, 191... (Address) 2100 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Balto. Lutheran	May 17, 1916
20-UNDERTAKER	ADDRESS
Wm. Cook	502 E. North Ave.

Duplicate. See instruction on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95167 C95167

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

161

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Fremont and Fayette Streets) (Ward 7)
2-FULL NAME Tone Benedict.
(Residence in Baltimore: No. 903 N Port St. St. 6 yrs., mos. ds.)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, June (Month) 24 (Day), 1888 (Year)

7-AGE, 27 yrs. 10 mos. 21 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.
10-NAME OF FATHER, Vaclav Benedict
11-BIRTHPLACE OF FATHER (State or Country), Bohemia
12-MAIDEN NAME OF MOTHER Franca Bachta
13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank White
(Address) Curtis Bay

15- Filed MAY 17 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck by jumping from high window 2nd floor
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Knut Impelen M. D. (Coroner.)
May 16 1916 (Address) 4 C. District

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs.....mos.....ds. In the State 6 yrs.....mos.....ds.
Where was disease contracted, if not at place of death? Unknown
Former or usual residence, 903 N Port St

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	May 17 1916
20-UNDERTAKER Geo M. Fiers	ADDRESS 811 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6 24 14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95168 C95168

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Victoria Stevens

(Residence in Baltimore: No. 562 St Mary's St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Female

4—COLOR OR RACE. Black.

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6—DATE OF BIRTH, Unknown (Month), (Day), 1881 (Year)

7—AGE, 35 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or...min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer) Private family

9—BIRTHPLACE, (State or Country), Va.

PARENTS.

10—NAME OF FATHER, Mark Baker

11—BIRTHPLACE OF FATHER (State or Country), Va

12—MAIDEN NAME OF MOTHER Hannah Baker

13—BIRTHPLACE OF MOTHER (State or Country), Va

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Hollins

(Address) 162 St Marys St.

15—Filed MAY 17 1916 19... HARRY C. ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, May 15th, 1916 (Month) (Day) (Year)

17—I HEREBY CERTIFY, That I attended deceased from May 1st 1916, to May 15th 1916, that I saw her alive on May 15th 1916, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(Duration) ...yrs. ...mos. 6 ds.

(Signed) Frank E. Stapley M. D.

May 15, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 9 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 562 St Marys St

19—PLACE OF BURIAL OR REMOVAL, Mt Auburn. DATE OF BURIAL, May 17, 1916

20—UNDERTAKER Samuel T. Hemley ADDRESS 578 W Baltimore

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C95169

C95169

REGISTERED NO. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Archie Ross

(Residence in Baltimore: No. Md General Hospital St.; yrs., mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 5 (Day), 1916 (Year)

7-AGE, yrs. mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Archie Ross

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Julia Randall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Archie Ross

(Address) 1411 W Lafayette Ave

15- MAY 17 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1916, to May 17 1916, that I saw h[illegible] alive on May 16 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Colitis (Duration) yrs. mos. 4 ds.

(Signed) H. S. Holsinger M. D.

5/17....., 191.6 (Address) 814 N. Monteu

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State yrs. mos. 12 ds.

Where was disease contracted, if not at place of death? Md Genl Hospital

Former or usual residence Md Genl Hospital

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, May 18....., 1916.

20-UNDERTAKER McLean Jones

ADDRESS 833 Linden ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95170 X12 C95170

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman Hospital St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Florence Warner

(Residence in Baltimore: No. Woman Hospital St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Single

6-DATE OF BIRTH. May 16, 1916 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
..... yrs. ..... mos. 1 ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Augustus Warner

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Anna Elizabeth Peters

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna E. Warner

(Address) 304 S. Highland Ave.

15- Filed MAY 17 1916, 191.... ROBERT , KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1916, to May 17 1916, that I saw her alive on May 17 1916, and that death occurred, on the date stated above, at 9.32 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. H. Stein M. D.

May 17, 1916 (Address) Woman Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Highlandtown Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Pk	May 18, 1916

20-UNDERTAKER	ADDRESS
H. Sanders & Sons	1101 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

John Henry Smith

Spec.—8-24-14—M. & T.—2000 Bks.

John Van North

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95171

REGISTERED No. C 95171

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Van North

(Residence in Baltimore: No. Hotel Auchongo Broadway & Thames St. ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Do not Know, (Month) (Day) 1 (Year)

7-AGE, 56 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Sailor
(b) General nature of industry, business, or establishment in which employed (or employer). Sea

9-BIRTHPLACE, (State or Country), Belgium

PARENTS.

10-NAME OF FATHER, ? Unknown

11-BIRTHPLACE OF FATHER (State or Country), ? Unknown

12-MAIDEN NAME OF MOTHER ? Unknown

13-BIRTHPLACE OF MOTHER (State or Country), ? Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alex Mitchell

(Address) Port Mission

15 MAY 17 1916 ROBERT , KRAUTER

Filed ..., 191. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/14 1916, to 5/17 1916, that I saw him alive on 5/17 1916, and that death occurred, on the date stated above, at 11.05 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) ... yrs. 1 mos. ... ds.

(Signed) Thos. L. Mayer M. D.

5/17, 191.6. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 5 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Hotel Auchongo

Former or usual residence Hotel Auchongo

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, May 19, 1916

20-UNDERTAKER L. Vander Sons ADDRESS 1710 E. Cold St.

Important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95172

1-PLACE OF DEATH St Elizabeth Home

CITY OF BALTIMORE: (No. 8 St Paul Street Ward 4) REGISTERED No. C 120

2-FULL NAME Martha Reynolds

(Residence in Baltimore: No. St Elizabeth Home St.; 6 yrs. 7 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	

3-DATE OF BIRTH, Oct. (Month) (Day), 1909 (Year)

7-AGE,	If LESS than 1 day,
6 yrs. 1 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Died

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-Filed MAY 17 1916, 191... ROBERT . KRAUER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1915 to May 15 1916, that I saw her alive on May 15 1916, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis Arthritis

(Duration) 1+ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

May 16, 191.6 (Address) 1616 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 4 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	May 17, 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95173 30 C95173

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1 W Elizabeth Home ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Taylor

(Residence in Baltimore: No. N. Paul St ..... St.; 1 yrs., 6 mos. 11 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	

6-DATE OF BIRTH, ... Apr (Month) 4 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 6 mos. 11 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- FILED MAY 17 1916, 191.. ROBERT . KRAUTER, Registrar Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 23 1915, to May 15 1916, that I saw h alive on May 14? 1916, and that death occurred, on the date stated above, at ? m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

..... (Duration) ..... yrs. ..... mos. 2 da.

CONTRIBUTORY (Secondary) Glandular Tuberculosis

..... (Duration) ..... yrs. 2 mos. ..... da.

(Signed) Edward J. Donald M. D.

May 16, 191.. (Address) 16 16 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 1 mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	MAY 17 ....., 191...
20-UNDERTAKER	ADDRESS

Commissioner of Health.

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95174

CERTIFICATE OF DEATH.

15 V

C95174

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Laurie Heb. Hosp.

(Residence in Baltimore: No. ..... St.; .....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) single

6-DATE OF BIRTH, May (Month) 16 (Day), 1916 (Year)

7-AGE, ...yrs.....mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nil
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Emanuel Levitt.

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bessie Goldsheider

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hebrew Hospital Record

(Address).....

15- Filed MAY 17 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 16 191.., to May 17 191.., that I saw h.. alive on May 17 191.., and that death occurred, on the date stated above, at 1 6 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
due to pressure
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Prolapsed cord

(Duration).....yrs. 3 hrs.....ds.

(Signed) H. W. Krauter M. D.

May 17, 191.. 6 (Address) Heb Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmell

DATE OF BURIAL, 5/17..., 1916.

20-UNDERTAKER Jack Levin

ADDRESS E Balto St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

Spec.—5-19-13—M. & T.—500 Bks.

C95175

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

C95175

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S. Smallwood St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Schroeder

(Residence in Baltimore: No. 410 S Smallwood St.: ...yrs., 7½ mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, May 15 (Month) (Day) 1916 (Year)

7-AGE, ...yrs. ...mos. 1 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Schroeder

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elsie Hyatt

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank L. Schroeder

(Address) 410 S. Smallwood st.

15- MAY 17 1916 ROBERT . KRAUTER, Burial Permit Clerk
Filed ..... 191 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to May 16 1916, that I saw her alive on May 16 1916, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Prematur Birth about 7½ months

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) ...yrs. ...mos. ...ds.

(Signed) Theodore M. Koelsch M. D.

May 17, 1916. (Address) 34 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, May 18, 1916.

20-UNDERTAKER George L. Schwab & Bro

ADDRESS 2101 Eutaw Ave

Important. See instructions on back of certificate.

C95176 C95176 C95176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

REGISTERED NO. C.....

(PLACE OF DEATH

CITY OF BALTIMORE (No. 1015 Warner ST.: 21 WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Annie Brown c

(Residence in Baltimore: No. 1015 Warner St.: ~~yrs.~~ 5 hours ~~mos. ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, May (Month) 15 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
...yrs...mos...ds.	5 hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Allen Brown c

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Jennie Dorsey c

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie Dorsey c (mother)

(Address) 1015 Warner St

15- MAY 17 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
Congenital

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) Otto M. Kemler (Coroner.) M. D.

May 17, 1916 (Address) 1018 Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Ct	May 18, 1916
20-UNDERTAKER	ADDRESS
L. E. Brown and Son	108 W. Monument St

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Mary Kimmel

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95177

64

CERTIFICATE OF DEATH.

C95177

REGISTERED NO. C.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Mary Kimmel

(Residence in Baltimore: No. 109 West St., St.; 65 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word.) Widow

6-DATE OF BIRTH, May (Month) 16 (Day), 1835 (Year)

7-AGE, 81 yrs. 0 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Bethleiser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Summel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hospital

(Address) Calvert St

15. Filed MAY 17 1916, 191.. ROBERT . KRAUTER, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Apr. 24 1916, to May 16 1916, that I saw her alive on May 16 1916, and that death occurred, on the date stated above, at 9.15 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) 2 yrs. 7 mos. ..... ds.

(Signed) Edward L. Stumb M. D.

May 16, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 27 ds. In the State 73 yrs. ..... mos. — ds.

Where was disease contracted, if not at place of death? Mercy Hosp

Former or usual residence 109 West St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross A & C — DATE OF BURIAL, May 19th, 1916.

20-UNDERTAKER E & B Hale — ADDRESS 115 E West St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 50 C95178

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Canter

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ..... yrs., ... mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Dec. (Month) 17 (Day), 1912 (Year)

7-AGE,	If LESS than 1 day,
3 yrs. 5 mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Jas M. Canter

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Wilkinson

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. Phelps

(Address) Johns Hopkins Hosp

15- MAY 17 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 191 6, to May 17 191 6, that I saw h er alive on May 17 191 6, and that death occurred, on the date stated above, at 3 15 P. m.

The CAUSE OF DEATH* was as follows:

.....

Diabetes

.....

..... (Duration) One yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. McKim Marriott M. D.

May 17 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 107 E. Jones St. Savannah Ga

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Savannah Ga	May 17, 1916
20-UNDERTAKER	ADDRESS
Albert E. Fuller	2211 E'dway

Spec. 8-24-14—M. & T.—2000 Bks.

Harry J. Staul

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95179

CERTIFICATE OF DEATH.

79 C95179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 824 Woodward St ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry J Staul

(Residence in Baltimore: No. 824 Woodward St St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, June (Month) 17 (Day), 1861 (Year)

7-AGE 54 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer, Postal
(b) General nature of industry, business, or establishment in which employed (or employer): Telegraph Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Staul

11-BIRTHPLACE OF FATHER (State or Country), Germy

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah L. Prentiss

(Address) 824 Woodward St

15 MAY 17 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1916, to May 17 1916, that I saw h- alive on May 16 1916, and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Mitral Insuf

(Duration) 3. yrs. mos. ds.

(Signed) J. H. Dennis M. D.

May 17, 1916 (Address) 7 E. Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, May 19, 1916

20-UNDERTAKER Jos Jourdens Son — ADDRESS 207 E. Pratt

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095180 095180

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3345 Chestnut Ave St. 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. Baker

(Residence in Baltimore: No. 3345 Chestnut Ave, St.; 38 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept. (Month) 19 (Day), 1834 (Year)

7-AGE, 81 yrs. 7 mos. 28 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos. Berry

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Eliza Jones

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary I. Baker

(Address) 334 E. Chestnut Ave

15- MAY 17 1916 ROBERT . KRAUER,
Filed....., 191..... Burial Permit Clerk,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1916, to May 16 1916, that I saw her alive on May 16 1916, and that death occurred, on the date stated above, at 7.50 A m.

The CAUSE OF DEATH* was as follows:

Pleura Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. J. Davis M. D.

May 17 1916 (Address) 801 W. 33rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden | DATE OF BURIAL, May 17, 1916

20-UNDERTAKER Horace Burgee & Son | ADDRESS 3631 Falls Road

Important. See instructions for filling out certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95181

CERTIFICATE OF DEATH

79

REGISTERED No. C 95181

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1602 Madison ave ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Holloway

(Residence in Baltimore: No. 1602 Madison

Gen 84 yrs. 5 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: November 11, 1831 (Month) (Day) (Year)

7-AGE: 84 yrs. 5 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Grain Merchant

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Robert Holloway

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Ellen Humphries

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Robert Holloway

(Address) Mt Washington Md

MAY 17 1916 ROBERT . BRAUER

Filed ....., 191.... Burial Permit (Clerk)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 17th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1- 1916 to May 17 1916, that I saw him alive on May 15- 1916, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) ?m yrs. ..... mos. ..... ds

Contributory (SECONDARY) Old age + Pneumonia

(Duration) 10 yrs. ..... mos. ..... ds.

(Signed) Wilbur S. Morgan M. D.

May 17, 1916 (Address) 3 S. Eutaw Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL: Friend's Burying Ground

DATE OF BURIAL: May 19, 1916

20-UNDERTAKER: Stewart Mowen Co

ADDRESS: 108 W North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

95182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 95182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 N. Monument St.; 15 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A McKaughlin

(Residence in Baltimore: No. 3027 N. Monument St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, August 3 (Month) (Day) 1844 (Year)

7-AGE, 70 yrs. 9 mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George McKaughlin

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Ann McCadden

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis McKaughlin

(Address) 3027 N. Monument St.

15-MAY 18 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

Dr Metzel

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 15 1916, that I saw her alive on May 15 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

Uterine Fibroma
Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) R. C. Metzel M. D.

May 17, 1916 (Address) 1903 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, May 18, 191...

20-UNDERTAKER H. Thanhauser & Son ADDRESS Monument

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95183 C95183

CERTIFICATE OF DEATH.

74

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Ogden

(Residence in Baltimore: No. 211 N. Franklin St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, about. 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Actor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Everet Starrock

(Address) Wentworth Apartments

15- Filed MAY 18 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17th 1916, to May 17th 1916, that I saw him alive on May 17th 1916, and that death occurred, on the date stated above, at 11.45 Am.

The CAUSE OF DEATH* was as follows:

..... Tumor of Brain .....

..... (Duration) Probably a year yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Horace Byrer M. D.

May 17th 1916. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Wentworth Apartments City

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, May 18 1916

20-UNDERTAKER William Cook — ADDRESS 503 E Northern

Spec.—8-24-14—M. & T.—2000 Bks.

C95184

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95184

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 S Charles St.; (or) 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. V. Price

(Residence in Baltimore: No. 1902 S Charles St.; 65 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) ..... (Day), 1850 (Year)

7-AGE, 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tin Shop
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Geo Price

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Joseph Price

(Address) 1902 S Charles St

15-

Filed MAY 18 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1916, to May 17 1916, that I saw h[illegible] alive on May 17 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac collapse

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. L. Campbell M. D.

May 17 191 6 (Address) 1647 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, 5/20, 191 6

20-UNDERTAKER William Cook

ADDRESS 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95185 C95185

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Bond ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Reberger

(Residence in Baltimore: No. 913 N. Bond St.; 56 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 14th (Day) 1845 (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 10 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael Reberger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Reberger Jr

(Address) 716 E 20th St

15- Filed MAY 18 1916, 191.... HARRY C. ANDREWS Burial Permits Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7th 191.., to May 17th 1916, that I saw h.. alive on May 16 1916, and that death occurred, on the date stated above, at 9:15 a.m.

The CAUSE OF DEATH* was as follows:

Contusion Pneumonia

(Duration) ..... yrs. ..... mos. 10 ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. B. Fagan M. D.

May 17, 1916. (Address) 538 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 20, 1916
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 Monument

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT--CITY OF BALTIMORE.

C95186 C95186

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 215 N. Monroe ST.; 14 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Simms

(Residence in Baltimore: No. 215 N. Monroe St.; 50 yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Oyster
(b) General nature of industry, business, or establishment in which employed (or employer) Schucker

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harry Simms

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Simms

(Address) 215 N. Monroe St.

15- Filed MAY 18 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May, Tuesday, 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1916, to May 16 1916, that I saw him alive on May 16 1916, and that death occurred, on the date stated above, at 6.00 P m.

The CAUSE OF DEATH* was as follows:

From a prolonged illness which I believe to have been Tuberculosis of Lungs

(Duration) 1 yrs. 5 mos. 16 ds.

CONTRIBUTORY (Secondary) Exposure to colds 3

Dempsey (Duration) 9 yrs. 4 mos. ~ ds.

(Signed) W. H. Montague M. D.

May 17, 1916. (Address) 303 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Auburn Cem'y — DATE OF BURIAL, May 18, 1916.

20-UNDERTAKER John F. Cowan & Son — ADDRESS 901 Hollins St

C95187 C95187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 174

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (N. University Hospital ST.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Corlett.

(Residence in Baltimore: No. University Hospital St.; yrs., mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): 516

9-BIRTHPLACE, (State or Country), England.

PARENTS.

10-NAME OF FATHER, A. B. Corlett

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Catherine Ambegart

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nurse, University Hosp

(Address) Oakland Ed Greene St

15- MAY 18 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hypostatic Pneumonia following a fracture of ribs et vertebrae (accident)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by motor Car

(Duration) yrs. mos. ds.

(Signed) Albert L. Driscoll M. D. (Coroner)

May 17, 1916 (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place Univ Hospital. In the of death yrs. mos. 8 ds. State yrs. mos. 8 ds.

Where was disease contracted, if not at place of death? Hurt on S.S. Guernmore, lying at Locust Point.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Odd Fell Ce	May 18, 1916
20-UNDERTAKER Coop & Cook	ADDRESS 1003 W Balto St

CAUSE OF DEATH must be properly claimed. Each statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95188 C95188

CERTIFICATE OF DEATH

151

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 2008 E Pratt ST.: 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Parsons

(Residence in Baltimore: No. 2008 E Pratt St ST.: ..... yrs. ..... mos. 5 minutes ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: white | 5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May 17 (Month), 17 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or 5 min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Abe Parsons

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Rose Hankofsky

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. A Parsons

(Address) 2008 E Pratt St

15. MAY 18 1916

Filed 9161 MAY 18 1916

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1916, to, May 17 1916.

that I saw h[illegible] alive on May 17, 1916,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth.

about 4 1/2 months.

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Dail down steps Caused Concussion of Brain (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Henry Lyon Smith M. D.

May 18, 1916 (Address) 1616 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel Cd | DATE OF BURIAL: 5/18, 1916

20-UNDERTAKER: Jack Lewis | ADDRESS: E Balto St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95189 C95189 92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank L. Schaefer

(Residence in Baltimore: No. 1818 E. Fairmount Ave St.; (If not in Baltimore give usual residence.) Nos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 6 (Day), 1877 (Year)

7-AGE 38 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Martin Schaefer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Frances Sommers

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Schaefer

(Address) 1818 E. Fairmount Ave

15- Filed MAY 18 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1916 to May 16 1916, that I saw h[illegible] alive on May 16 1916, and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

May 16, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted if not at place of death? 1818 E. Fairmount Ave

Former or usual residence 1818 E. Fairmount Ave

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, May 19, 1916

20-UNDERTAKER Fitzgerald ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

C95190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C95190

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 E 20th ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kehoe

(Residence in Baltimore: No. 105 E 20th St.; 63 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, March 16, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. 2 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None retired
(b) General nature of industry, business, or establishment in which employed (or employer): Marine engineer

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, James Kehoe.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary Furlong.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E. Kehoe

(Address) 105 E. 20th St.

MAY 18 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31 1916, to May 16 1916, that I saw h[illegible] alive on May 16, 1916, and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) yrs. mos. 15 ds.

(Signed) Robt Forsythe M. D.

May, 1916. (Address) 421 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 19, 1916.

20-UNDERTAKER Kilby & Geiler — ADDRESS 403 N. Wolfe

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95191 C95191

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Md. Gen. Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. S. White

(Residence in Baltimore: No. 512 S. Robinson St, St.; 48 yrs., 7 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct. 15th, 1867 (Month) (Day) (Year)

7-AGE, 48 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Potter at Sea
(b) General nature of industry, business, or establishment in which employed (or employer): Bennett's Pottery

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John White

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara White

(Address) 512 S. Robinson St.

15- Filed MAY 18 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th 1916, to May 17th 1916, that I saw h[illegible]ve on May 17th 1916, and that death occurred, on the date stated above, at 1.10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema.

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ac. Parenchymatous Nephritis following Lumbism

(Duration) yrs. mos. 21 ds.

(Signed) Frank E. Shipley M. D.

May 17, 1916. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 512 S. Robinson St.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, May 20th, 191.6

20-UNDERTAKER Lilly & Zeiler — ADDRESS 4038 Wolfe St.

Important. See instructions on back of certificate.

C 95192

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 95192

CERTIFICATE OF DEATH.

182 95192

REGISTERED No. C 95192

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 809 Ridgley ST.: 22 WARD)

2-FULL NAME Lizzie Hilz

(Residence in Baltimore: No. 809 Ridgley St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; —yrs., — mos. — ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female 4-COLOR OR RACE, White 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, October 3, 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Christian Hiltz

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Gertrude E. Kraus

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Hiltz

(Address) 275a Washington Ave

15- MAY 18 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Caused by Pistol Shot wound in head (Homicide) (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Albert L. Driscoll M. D.
(Coroner.)

May 16, 1916 (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 19, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 Nath Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C 95193

16 12 4

C95193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C95193

REGISTERED No. C 95193

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 506 E Chase St.; (Ward) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Curtis

(Residence in Baltimore: No.) 506 E Chase St.; (If not in Baltimore) yrs. 12 mos. 4 ds. 9

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Jan 8 (Month) (Day), 1904 (Year)

7-AGE: 12 yrs. 4 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Francis P. Curtis

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Josephine Kelly

13-BIRTHPLACE OF MOTHER (State or Country): N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis P Curtis

(Address) 506 E. Chase St

15- Filed MAY 18 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 26 1915, to May 17 1916, that I saw h-er alive on May 16 1916, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Diseased Pericardium
(Mitral regurgitation)
(Duration) 9 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Failure Compen
Lobar
(Duration) yrs. mos. 4 ds.

(Signed) James M. Keelon M. D.

May 17 191.6 (Address) 700 E Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: May 19, 191.6

20-UNDERTAKER: H. C. Wiedefeld ADDRESS: 914 Fremont Ave.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95193 C95194 5-4 C95193 C95194

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2453 Maryland Ave 12 St.; WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Stone Hammond

(Residence in Baltimore: No. 2453 Maryland Ave St.; 7 yrs., 7 mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 21 (Day), 1861 (Year)

7-AGE, 54 yrs. 9 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Walther A Stone

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth H Davis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G A Hammond

(Address) 2453 Maryland Ave

15-MAY 18 1916 Filed ..... 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1915, to May 18 1916, that I saw her alive on May 17 1916, and that death occurred, on the date stated above, at 6 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart exhaustion

(Duration) yrs. mos. ds.

(Signed) Thomas J Bowers M. D.

May 18, 1916 (Address) 1617 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS).

At place of death \ yrs. \ mos. \ ds. In the State 1 yrs. 1 mos. \ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Moriah | DATE OF BURIAL, May 20, 1916

20-UNDERTAKER Washington D.C. | ADDRESS 107 W North

Important. See instructions on back of certificate.

C95195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95195

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 868 Vine ST.: 18 WARD) REGISTERED No. C 29

2-FULL NAME William Burley

(Residence in Baltimore: No. 868 Vine St)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

S. 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH, ... (Month) ..... (Day) 1875 (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Alexander Burley

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Elizabeth Skinner

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Burley

(Address) 629 Baltimore alley

15- Filed MAY 18 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart trouble and Asthma

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert L. Driscoll M. D.
(Coroner)
May 18, 191.... (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Furnace Branch Cemetery — DATE OF BURIAL, 19th May, 1916

20-UNDERTAKER John H Fardwin — ADDRESS 142 N Vine St

Established. Blank statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 3ks.

C95196

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95196

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Fulton Ave St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME B. Fonsey Dorrier (Dorrin)

(Residence in Baltimore: No. 1110 Fulton Ave St.; 8 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... 1864 ....., 1 ..... (Month) (Day) (Year)

7-AGE, 52 yrs. 17 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Gardiner
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma L. Brown

(Address) 402 Orchard St.

15- MAY 18 1916 HARRY C. ANDREWS

Filed....., 191.....Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18 ....., 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1916, to May 18 1916, that I saw h alive on May 18th 1916, and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

..... Bronchial Pneumonia .....

.....

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Asthma 7

..... (Duration) .....yrs.....mos.....ds.

(Signed) A. Lee Elzey M. D.

May 16, 191.. (Address) 727 Mosher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, May 18, 191..

20-UNDERTAKER John H. Frederick — ADDRESS 142 Hollins St.

GENERAL AFFIDAVIT

The Daily Record Print.

State of Maryland, City of BALTIMORE **to wit:**

BE IT REMEMBERED, *That on this* 2nd *day of* March *A. D., 1917, before me the subscriber, a* JUSTICE OF THE PEACE *of the said state, in and for the* City *aforesaid, personally appeared* A. Lee Ellis, M. D. residing at #924 Madison Ave. Balto. Md. *and made oath in due form of law that* judging from appearances and other sources, he believes that James (Egrin) Dorrin, who resided at #1110 Jenkins Alley. and died May 15th. 1916, was ..... 72 years old instead of 52 years, as was told him at the time of his death.

A. Lee Ellis, M.D. (Seal)

CORRECTIONS MADE before signing. *Subscribed and sworn to before me this* 2nd *day of* March *1917.*

David H. Luchesi J.P.

David H. Luchesi,
JUSTICE OF THE PEACE
628 W. FRANKLIN STREET
BALTIMORE, MD.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95197 C95197

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. S. Tate.

(Residence in Baltimore: No. Md Genl Hospital St.; yrs., mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ? (Month), (Day) 1 (Year)

7-AGE, 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Poteat.

(Address) Marion, N.C.

15- MAY 18 1916, 191 HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9th 1916, to May 18th 1916, that I saw him alive on May 17th 1916, and that death occurred, on the date stated above, at 2 a 17, m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 1 yrs. mos. ds.

(Signed) Frank E. Shipley M. D.

May 18th 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. 8 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Marion, N.C.

19-PLACE OF BURIAL OR REMOVAL, Marion N. C. DATE OF BURIAL, May 18, 1916

20-UNDERTAKER Wm J. McKee & Sons ADDRESS Balto Md.

Spec.--8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95198 C95198 C95198 C95198

CERTIFICATE OF DEATH.

REGISTERED NO. C 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 W Gay ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Meyer

(Residence in Baltimore: No. 437 W Gay St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colrd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Dec (Month) 18 (Day) 72, 1 (Year)

7-AGE, 93 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Prussia Darmstadt Germany

PARENTS.

10-NAME OF FATHER. Adolf Fald

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Martha Grünwald

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). W. T. Masterson

(Address). The Maxtonough

15- Filed MAY 18 1916, 191.. HARRY C. ANDREWS Director.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th 191 6, to May 16th 191 6, that I saw h Et alive on May 16th 191 6, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as followa:

Diffuse Bronchitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) Theo Stone M. D.

May 16th, 191 6 (Address) 507 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Beth Hebrew Cem — DATE OF BURIAL, May 16, 1916

20-UNDERTAKER J H Inness Co — ADDRESS 1611 Madison

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

(95199

HEALTH DEPARTMENT—CITY OF BALTIMORE

109 (95199

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Giles

(Residence in Baltimore: No. 1902 Hanover St.; ....yrs.,....mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Apr. 22, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER, Geo. Giles,

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jennie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Geo. Giles

(Address) 1902 Hanover

15- Filed MAY 18 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/17 1916, to 5-17 1916, that I saw h[illegible] alive on 5/17 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Don't know (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Surgical shock

(Duration) ....yrs. ....mos. 1 ds.

(Signed) W. L. Richards M. D.

5/18, 1916. (Address) Univ. Hosp. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at residence (illegible)

Former or usual residence 1902 Hanover St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, May 18, 1916

20-UNDERTAKER J. F. McCully ADDRESS 39 E. Fort

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95200 C95200

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2650 Huntington ave ST.; 17 WARD) REGISTERED NO. C 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie B. Stebens

(Residence in Baltimore: No. 2650 Huntington ave St.; 12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Sept 20, 1899
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
16 yrs. 7 mos. 28 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Abraham L. Welch

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Rosie Longest

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abraham L. Welch

(Address) 2650 Huntington ave

15-MAY 18 1916 ROBERT . KRAUTER,
Filed ..... 191 ..... Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to May 18, 1916, that I saw h e alive on May 18 1916, and that death occurred, on the date stated above, at 12.35 P.M.

The CAUSE OF DEATH* was as follows:

E Phaneleu

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuber-culosis (Duration) yrs. 14 mos. ds.

(Signed) E. A. Nicholson, M. D.

May 18, 1916 (Address) 112 N. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Va

19-PLACE OF BURIAL OR REMOVAL Taphalamock — DATE OF BURIAL, May 20, 1916

20-UNDERTAKER Zibler & Zibler — ADDRESS 1739 E. Eager

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095201

CERTIFICATE OF DEATH.

79

095201

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 N. Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida S. Schulze

(Residence in Baltimore: No. 1011 N. Gay ST. St.; 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. (Month) 20 (Day), 1864 (Year)

7-AGE, 52 yrs. 3 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles B. Schulze

(Address) 1011 N. Gay St.

15- MAY 18 1916 ROBERT J. KRAUTER,

Filed....., 19... Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1916, to May 16 1916, that I saw her alive on May 16 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Atony (Anaemia)

Abscess Hepatis ? Origin

Fatty Degeneration of Heart for years

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Polycraia adipose

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) J. J. Kebale M. D.

May 18, 1916. (Address) 1001 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem't — DATE OF BURIAL, May 19, 1916

20-UNDERTAKER Robt. T. Turner — ADDRESS 1422 N. Broadway

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95202 28 C95202

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 597 Baker St ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Miller

(Residence in Baltimore: No. 597 Baker St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, (Month) Oct (Day) 9 (Year) 1870

7-AGE, 45 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Carroll Co Md.

PARENTS.

10-NAME OF FATHER: John Williams

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Miller

(Address) 597 Baker

15- MAY 18 1916 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) May (Day) 17, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from March 28 1916, to May 15 1916, that I saw her alive on May 15 1916, and that death occurred, on the date stated above, at 6.20 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Joseph L Kerney M. D.

May 18, 1916. (Address) 16 N Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westminster Md — DATE OF BURIAL, May 19, 1916.

20-UNDERTAKER W J Mouton — ADDRESS 2301 Greene

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Nellie Battaile

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95203

CERTIFICATE OF DEATH.

C95203

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary ST. 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Nellie Battaile

(Residence in Baltimore: No. Church Home & Infirmary St.; ..... yrs., ... mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, ... May ..... 1. ....., 1896
(Month) (Day) (Year)

7-AGE, 40 yrs. 1 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home work

9-BIRTHPLACE, (State or Country). Caroline Co. Va

PARENTS.

10-NAME OF FATHER, Wm C. Battaile

11-BIRTHPLACE OF FATHER (State or Country), Caroline Co. Va

12-MAIDEN NAME OF MOTHER Anne Elizabeth Smithey

13-BIRTHPLACE OF MOTHER (State or Country), Caroline Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kathrynne W. Battaile

(Address) Bowling Green Va

15- MAY 18 1916 ROBERT . KRAUTER,
Filed....., 191... Registrar. Actg. Asst. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 28 1916, to May 8 1916, that I saw h er alive on May 18 1916, and that death occurred, on the date stated above, at 12 A.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Bilateral Structure of the Urethra

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis Toxaemia

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) D. Trammel Hamm M.D.

5/18/16 191... (Address) Church Home.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State ..... yrs. ..... mos. 20 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Woodford, Va.

19-PLACE OF BURIAL OR REMOVAL, Private Cemetery Guinea Sta Va

DATE OF BURIAL, May 19, 1916.

20-UNDERTAKER Geo. J. Smith

ADDRESS 1000 N. Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95204 54 C95204

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Loeber

(Residence in Baltimore: No. 926 N. Chapel St. St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1892 (Year)

7-AGE,	If LESS than 1 day,
24 yrs. mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, John Elliott

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Mielke

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. J. Loeber

(Address) 926 N. Chapel St.

15- MAY 18 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1916, to May 17 1916, that I saw h alive on May 17 1916, and that death occurred, on the date stated above, at 4 10 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

May 17, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 926 N. Chapel

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, May 20 1916.

20-UNDERTAKER Jno J. Fahey & Sons. ADDRESS 318 E. Lexington

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95205 14

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 E. Fort Ave. St.: 24 WARD)

REGISTERED NO. C 95205

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma Bertha Craig

(Residence in Baltimore: No. 430 East Fort Ave St.: ....yrs.,....mos.,....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec. 7, 1911. (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. Craig

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Pearl Selby

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Craig

(Address) 430 E. Fort Ave

15-

Filed MAY 18 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 17 1916, to May 17 1916, that I saw her alive on 15 May 1916, and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis & Pneumonia with Chronic Malnutrition and Malnutrition

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Ch. Malnutrition

(Duration) ....yrs. ....mos. ....ds.

(Signed) Robt Emmett M. D.

May 18, 1916 (Address) 42 Madeira St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL,
Cedar Hill Cem	May 19, 1916.
20-UNDERTAKER	ADDRESS
Jno F. Fahey & Sons	1315 Light St

Important.—See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95206 C95206

CERTIFICATE OF DEATH.

159

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Communal dead of University Hospital St.: 21 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Paul Sullivan

(Residence in Baltimore: No. 740 Mc Henry St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 14 (Day), 1874 (Year)

7-AGE,	If LESS than 1 day,
32 yrs. 2 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas E. Sullivan

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER May V Davis

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Brooks

(Address) 125 Calhoun St

15- Filed MAY 18 1916, 191.... ROBERT · KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Suicide death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage, due to pistol shot wound in head. (Suicide)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Albert L. Driscoll M. D. (Coroner.)

May 18 1916. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Olivet	5/20, 19.16
20-UNDERTAKER Robt Brooks Sons	ADDRESS Calhoun & Holliday

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95207 28 C95207

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 849 Hamilton Terrace ST.; W WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Harris

(Residence in Baltimore: No. 849 Hamilton Terrace St.; 52 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 19 (Day), 1869 (Year)

7-AGE: 46 yrs. 10 mos. 30 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Linkinum.

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Jas A. Harris

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Elizbeth Hardesty

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr Chas C. Harris

(Address) 925 Cathedral St.

15-Filed MAY 18 1916 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1916, to, May 18 1916, that I saw h~~im~~ alive on May 17, 1916, and that death occurred, on the date stated above, at 2.45 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs.

Probably 6 Mo

(Duration) ..... mos. ..... ds

Contributory (SECONDARY) Failure to eat Sufficient

Grip 9 mos. ago-

(Duration) 2 yrs. 18 mos. — ds.

(Signed) Wm F McDonald, M. D.

5-18, 1916 (Address) 1309 Lindsay Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Harrisonburg Va | DATE OF BURIAL: May 19, 1916

20-UNDERTAKER: E. A Fitzpatrick | ADDRESS: 1433 W Mulberry

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95208

CERTIFICATE OF DEATH.

160 C95208

1-PLACE OF DEATH Southern District Ambulance 23 REGISTERED No. C.....

CITY OF BALTIMORE (No. Baltimore & Light ST.: WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John N. Bahlman

(Residence in Baltimore: No. 3 E. Cross St St.; yrs. 44 mos. 7 ds. 6)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October 10, 1871 (Month) (Day) (Year)

7-AGE, 44 yrs. 7 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John N. Bahlman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Denny

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. N. Bahlman (Brother)

(Address) 1710 Williams St

15- Filed MAY 18 1916, 19.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Self inflicted Incised Razor Wound of the throat

Suicide

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

May 16, 191 6 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, May 19 1916

20-UNDERTAKER H. & M. S. Flynn ADDRESS 1425 Light St

Cases of death from any cause must be reported to the Health Department at once. Delay may be dangerous to the public health. Every question must be answered as far as practicable. Omissions will cause delay and may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

095209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C95209

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N Port ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Mary

(Residence in Baltimore: No. 403 N Port St.; 60 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov Unknown, 1838
(Month) (Day) (Year)

7-AGE, 77 yrs. 5 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Marx

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Christina Hartman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Canton

(Address) 403 N. Port St

15- Filed MAY 18 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 1916, to May 18 1916, that I saw her alive on May 17, 1916, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 10 ... ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) ... yrs. ... mos. 1 ... ds.

(Signed) ... M. D.

May 18, 1916. (Address) ... Dr. to Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, May 20, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson

Spec.—8-2-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95210 — 174 C95210

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 Maryland Hospital St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Farley

(Residence in Baltimore: No. 673 N. Montford Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ..., 1—
(Month) (Day) (Year)

7-AGE. 50 yrs. — mos. — ds.

If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer): Tug Boat

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) .....

15-MAY 18 1916 Filed ....., 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1916, to May 18 1916, that I saw h[illegible] alive on [illegible] May 1916, and that death occurred, on the date stated above, at 4.55a m.

The CAUSE OF DEATH* was as follows:

Contusions of Scrotum, Penis and perineal region Accident

Struck by steam pressure hose

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Erysipelas

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. H. Vogel M. D.

May 18 1916. (Address) U. S. Marine Hospital Baltimore Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 2 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Aboard Ship

Former or usual residence 673 N. Montford Ave

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery DATE OF BURIAL, May 22 191.6

20-UNDERTAKER Christian Miller ADDRESS 703 E. Jefferson St

Over

Spec.—8-24-14—M. & T.—2000 Bks.

C95211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95211

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 E. Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Sinner

(Residence in Baltimore: No. 2415 E. Jefferson St.; 9 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, October 23 Unknown 1864
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
51 yrs. 5 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Peter Pohl

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Himmelheber

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie Sinner

(Address) 2415 Jefferson St

15. MAY 18 1916 Filed....., 191... ROBERT . KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to May 18 1916, that I saw h.. alive on May 18 1916, and that death occurred, on the date stated above, at 11 9 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(Duration) yrs. 1 7 mos. ds.

(Signed) C. C. Keirle M. D.

May 18 1916 (Address) 2601 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Matthew Cemetery	May 21, 1916

20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St

C95212

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95212

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 William St.: 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Avery

(Residence in Baltimore: No. 119 N. Eutaw St.: 24 yrs. 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb. (Month) 7 (Day), 1892 (Year)

7-AGE: 24 yrs. 3 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Louis Sunderland

11-BIRTHPLACE OF FATHER (State or country): Calvert Co Md

12-MAIDEN NAME OF MOTHER: Lilly Ford

13-BIRTHPLACE OF MOTHER (State or country): St Mary Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs Lilly Sunderland

(Address): 1300 William St

15- Filed MAY 19 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13, 1916, to, May 18 1916, that I saw h.. alive on May 17 1916, and that death occurred, on the date stated above, at 5 1 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(Duration) 6 yrs 1 mos 5 ds.

Contributory (SECONDARY) Pleurisy with effusion

(Duration) 1 yrs. 10 mos. ds.

(Signed) C. Evans M. D.

May 18, 1916. [Address] 1234 Eutaw St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: May 20, 1916

20-UNDERTAKER: Wm L & E Evans & Sons

ADDRESS: 1428 S Charles St

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95213

C95213

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95213 C95213

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 Prestman ST.; 15 WARD) REGISTERED NO. C 91

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney Waters

(Residence in Baltimore: No. 1432 Prestman St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, 20 June (Month) (Day), 1914 (Year)

7-AGE, 1 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. John Waters

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Catherine Waters

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Waters

(Address) 1432 Prestman St

15- Filed MAY 19 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to May 17 1916, that I saw h[illegible] alive on May 17 1916, and that death occurred, on the date stated above, at 6:00 m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. H. Hackett M. D.

May 17, 191.. (Address) 1117 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 19, 191..

20-UNDERTAKER James H Dinnes — ADDRESS 133 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95214 C95214

CERTIFICATE OF DEATH.

× 31

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Gibbs

(Residence in Baltimore: No. Johns Hopkins Hospital St.; — yrs., — mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, November (Month) 9 (Day), 1857 (Year)

7-AGE, 59 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Abridge Gibbs

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Sarah J. Ivory

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAY 19 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1916, to May 18 1916, that I saw him alive on May 18 1916, and that death occurred, on the date stated above, at 12 10 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Peritoneum

(Duration) yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. R. Mason M. D.

May 18, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. 19 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Priestman Ave Govans

19-PLACE OF BURIAL OR REMOVAL, St Marys Cemetery

DATE OF BURIAL, May 22, 1916.

20-UNDERTAKER Felix B. Pye. Govans

ADDRESS 102 E Mulberry

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95215

CERTIFICATE OF DEATH.

150

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 E. Lafayette Ave (ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Hazard

(Residence in Baltimore: No. 1620 E. Lafayette Ave St.; Lit yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 2nd (Day), 1913 (Year)

7-AGE, 2 yrs. 11 mos. 15 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Harry C. Hazard

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Magdalene K. Nauman

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry C. Hazard

(Address) 1620 E. Lafayette Ave.

15- MAY 19 1916 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1916, to May 16 1916, that I saw her alive on May 16 1916, and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:

Angina, Congenital Mitral Stenosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Geo. F. Fanning M. D.

May 17, 1916. (Address) 1531 E. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. | DATE OF BURIAL, May 19th, 1916.

20-UNDERTAKER H. Sander Sons | ADDRESS 1710 Pleasant st.

Spec.—8-24-14—M. & T.—2000 Bks.

C95216 C95216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 39

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore 3909 Liberty Heights Ave St.) WARD 16th

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lee Rhodes

(Residence in Baltimore: No. 3909 Liberty Heights Ave St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August (Month) 12 (Day) 1867. (Year)

7-AGE, 48 yrs. 9 mos. 6 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Mfr. Artificial Flowers
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER. William Edwin Rhodes

11-BIRTHPLACE OF FATHER (State or Country) Rhode Island

12-MAIDEN NAME OF MOTHER. Mary Catherine Conder

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida F. Rhodes (wife)

(Address) 3909 Liberty Heights Ave

15. MAY 19 1916 HARRY C. ANTHEWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1916, to May 18 1916, that I saw h[illegible] alive on May 18 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH*/was as follows:

Chronic Nephritis Operation
Extraction Right Tube
Metastasis Lungs

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonalis

(Duration) yrs. 1 mos. ds.

(Signed) Thomas Judge Kerr Wilson M. D.

, 191... (Address) 553 N. Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, May 21, 1916

20-UNDERTAKER Geo J Smith — ADDRESS 1000 N Fayette

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95217 120 095217

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Malcolm ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Taylor.

(Residence in Baltimore: No. 630 Malcolm Lane

M.: 56 yrs., 10 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 9 (Day), 1859. (Year)

7-AGE, 56 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Assistant Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Nurses Sister

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Abednego Taylor.

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Priscilla Byrd.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luther B Kelly

(Address) 630 Malcolm Lane

15- Filed MAY 19 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1916, to May 17 1916, that I saw her alive on May 17 1916, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(Duration) yrs. 3 mos. ds.

(Signed) Hugh Forsythe M. D.

May 18, 1916 (Address) 422 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL, MAY 20 1916.

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

C95218

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95218

28

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1321 Bayard ST.: 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Addie Parker

(Residence in Baltimore: No. 1321 Bayard St.: 3 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Femal	Blk	Married

6-DATE OF BIRTH Unknown, 1875
(Month) (Day) (Year)

7-AGE 41 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country) Va

PARENTS

10-NAME OF FATHER Washington Parker

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Holand

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lena Parker

(Address) 1321 Bayard St.

MAY 19 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 18, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to May 18 1916, that I saw h-er alive on May 15, 1916, and that death occurred, on the date stated above, at 9 A, m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dorothy Hoge M. D.

May 19, 1916. (Address) 722 Cathedral ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Norfolk Va | DATE OF BURIAL: May 19, 1916

20-UNDERTAKER Howard Easton | ADDRESS 916 Pa - ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95219 C95219

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Brown Mordecai

(Residence in Baltimore: No. Walbert apts. Charles & Lafayette St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, December 18, 1876
(Month) (Day) (Year)

7-AGE, 39 yrs. 4 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto - Md

PARENTS.

10-NAME OF FATHER, Randolph Mordecai

11-BIRTHPLACE OF FATHER (State or Country) Savanah Georgia

12-MAIDEN NAME OF MOTHER Emma Brown

13-BIRTHPLACE OF MOTHER (State or Country), Balto - Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Col Sherlock Swann
(Address) 906 N. Charles St.

15- Filed MAY 19 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important: See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wound of right temple
Duration 2 days

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) A. J. Ruby M. D.
(Coroner.)
May 18 1916. (Address) 1637 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. 7 mos. ....ds. In the State Life yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? Walbert Apartments
Former or usual residence Walbert Apartments

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	May 20th 1916
20-UNDERTAKER	ADDRESS
Hollenkamp & Son Co	McCulloh & Richard Sts

C95220

HEALTH DEPARTMENT--CITY OF BALTIMORE

105

CERTIFICATE OF DEATH

C95220

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1418 Eastern Ave ST. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Theodore Roosh

(Residence in Baltimore: No. 1418 Eastern Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March 4, 1857 (Month) (Day) (Year)

7 AGE: 58 yrs. 9 mos. 14 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Theo. Roosh

(Address) 1418 Eastern Ave

15 Filed MAY 19 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 18, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1916, to May 18 1916, that I saw him alive on May 18, 1916, and that death occurred, on the date stated above, at 12:30 m.
The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. L. Smith M. D.

May 19, 1916 (Address) 1418 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: May 22, 1916

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95221

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95221

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95221 C95221 9

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Walterneyer Ct ST.: 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred E. Knapps

(Residence in Baltimore: No. 606 Walterneyer Ct St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 6, 1916
(Month) (Day) (Year)

7-AGE, yrs. 3 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. child.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Harry L Knapps.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Annie Schneider

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry L. Knapps

(Address) 606 Walterneyer Court

15- HARRY C. ANDREWS

Filed MAY 19 1916 for Burial Permit Clerk

Registrar.

Funeral Tue May 20/16 9 a.m. Jno A Blake. Son of Heart

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1916, to May 18 1916, that I saw h alive on May 17 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Bronchus - Pneumonia

(Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. 1 mos. ds.

(Signed) Paul Brown M. D.

5/18, 1916 (Address) 837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Peters

DATE OF BURIAL, May 20, 1916.

20-UNDERTAKER Lowe Gorts

ADDRESS 502 E Mont.

C95222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C95222

PLACE OF DEATH 1578 Thames St

CITY OF BALTIMORE (No. 1578 Thames St ST. 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Kasprzak

(Residence in Baltimore: No. 1578 Thames St

born

St.: yrs., mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 18, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 20 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), 1578 Thames St Baltimore

PARENTS.

10-NAME OF FATHER, Peter Kasprzak

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Josephine Glinkowa

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Kasprzak

(Address) 1578 Thames St

15- Filed MAY 19 1916, 191 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Premature birth 17 mos

(Duration) ....yrs. ....mos. ....ds.

(Signed) Owen Lynn (Coroner) Insd Co. M. D.

May 19, 1916. (Address) 1610 E. Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary — DATE OF BURIAL, May 19, 1916

20-UNDERTAKER W. F. Jaworski — ADDRESS 1618 Eager

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95223

CERTIFICATE OF DEATH.

79

C95223

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S. Wolfe ST.: 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Gierczak

(Residence in Baltimore: No. 102 S. Wolfe. St.; 22 yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 16, 1894
(Month) (Day) (Year)

7-AGE, 22 yrs. 2 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigarmaker
(b) General nature of industry, business, or establishment in which employed (or employer): Factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Gierczak

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Bzozowski

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Gierczak

(Address) 102 S. Wolfe

15 MAY 19 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Home 1st May, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1916, to May 1st 1916, that I saw her alive on May 1st 1916, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

1. Acute Dilation of Heart
2. Uremia Poisoning
3. Chronic Endocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

5/17, 1916. (Address) 1721 Canton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	May 1st, 1916

20-UNDERTAKER Williams Fiallowsky ADDRESS 1610 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95224

CERTIFICATE OF DEATH.

152

C95224

1-PLACE OF DEATH

REGISTERED No. C.....

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95224 C95224

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Harris

(Residence in Baltimore: No. 1102 Division St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 17 (Day), 1916 (Year).

7-AGE, yrs. mos. 1½ ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Harris

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Helen Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Murray Jr

(Address) Hosp.

15- MAY 19 1916 (Filed), 191 HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH May (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12 1916, to May 14 1916, that I saw him alive on May 14 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Spontaneous Cerebral Hemorrhage

(Duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John G. Murray Jr. M. D.

May 14, 191 6. (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, MAY 17 1916, 191

20-UNDERTAKER ADDRESS

Commissioner of Health

FOR ANATOMICAL PURPOSES.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

REGISTERED NO. C.

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) City Dump, Foot of Ridgely St.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William White

(Residence in Baltimore: No.) City Dump, Foot of Ridgely St.; yrs., Don't Know mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Don't Know (Month), 1 (Day) (Year)

7-AGE: 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Don't Know

PARENTS.

10-NAME OF FATHER: Don't Know

11-BIRTHPLACE OF FATHER (State or Country): Don't Know

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or Country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Dudley

(Address) City Dump, Foot of Ridgely St

15- MAY 19 1916 HARRY C. RIDDLE

Filed ....., 191.. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found May 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns about the body

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) See note Supervisor

(Duration) yrs. mos. ds.

(Signed) Otto M. Bernhardt M. D.
(Coroner.)

May 17, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: PUBLIC CEMETERY

DATE OF BURIAL: MAY 19 1916

20-UNDERTAKER

ADDRESS

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95226 C95226

169

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Unknown - from Pier 6 - Pratt St. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Unknown

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, about 31 yrs ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed....., 191....

MAY 19 1916 HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Unknown ..... May ..... 6 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquiry .....
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.)

..... find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

..... Unknown .....

..... Cause - Unknown .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... W. J. Riley ..... M. D.
(Coroner.)

May 14..., 191 6 (Address) 163 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL
UNKNOWN PUBLIC CEMETERY	MAY 19 1916

20-UNDERTAKER	ADDRESS

CAUSE OF DEATH must be plain terms, so that it may be understood by all physicians. Each statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95227

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1739 Arlington St. 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Finney

(Residence in Baltimore: No. 1739 Arlington St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... Aug. (Month) 23 (Day), 1915 (Year)

7-AGE, 0 yrs. 8 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robert Carr

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Minnie Finney

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- MAY 19 1916 Filed....., 191.... Registrar.

HARRY C. ANDREWS Commissioner Health.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 25th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Bronchial Pneumonia.....

..... (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ....yrs....mos....ds.

(Signed) Edwin L. Turner M. D. (Coroner.)

April 25, 1916 (Address) 824 W. Lanvale Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
PUBLIC CEMETERY	MAY 19 1916
20-UNDERTAKER	ADDRESS

Notify us-

CAUSE OF DEATH must be filled in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

C95228

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95228

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Unknown - found Pier 1 - Pratt st WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Unknown

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, about 50 yrs. ..yrs. ..mos. ..ds. If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed MAY 19 1916, 191.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Unknown found Pier 1 - Pratt st, 1916.
May (Month) 11 (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned.
Cause - unknown

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) W. F. Riley M. D.
(Coroner.)

May 14, 1916. (Address) 1639 Linwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State Unknown yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HARRY C. ANDREWS PUBLIC CEMETERY	MAY 19 1916, 19..
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be understood by a layman. Every statement of fact is important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95229 C95229

CERTIFICATE OF DEATH.

142

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 717 Sarah Ann St.: 4 WARD)

2-FULL NAME Mrs. S. Johnson

(Residence in Baltimore: No. 717 Sarah Ann St.; yrs., mos. ds.)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
F.	Black	Single

6-DATE OF BIRTH, ..., 1873
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
43 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Texas Balto. Co. Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed MAY 19 1916 HARRY O. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.)
find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis, following Gangrene of foot.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Albert L. Driscoll M. D.
(Coroner.)

May 9. 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	MAY 19 1916

20-UNDERTAKER	ADDRESS

HARRY O. ANDREWS Commissioner of Health.

CAUSE OF DEATH in plain terms. It may be important. See instructions on back of certificate.

C95230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1025 Peach Al ST.: 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Josephine Williams c

(Residence in Baltimore: No. 1025 Peach Al St.: ~~yrs.~~ 2 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colond

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: March 4, 1916 (Month) (Day) (Year)

7-AGE: — yrs. 2 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: George Williams c

11-BIRTHPLACE OF FATHER (State or Country): A A Co Md

12-MAIDEN NAME OF MOTHER: Louise Taylor

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lorine Williams c (mother)

(Address) 1025 Peach Al

15. MAY 19 1916 Filed....., 191.... Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Examiner

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Chas M Fembardt (Coroner.) M. D.

May 17, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn ct — DATE OF BURIAL: May 17, 1916

20-UNDERTAKER: Oz Brown's Son — ADDRESS: 1st W. Monty St

Cause of death in plain terms, so that it may be properly coded. Each question should be answered if possible, but if any be improperly answered, or important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95231 C95231

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 E Chase ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael A Guilfoy

(Residence in Baltimore: No. 1726 E Chase St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug (Month) 18 (Day), 1881 (Year)

7-AGE, 34 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Plumber
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Michael Guilfoy

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sallie Guilfoy

(Address) 1726 E. Chase, St

15- MAY 19 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to May 18 1916, that I saw h— alive on May 18 1916, and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows:

(a)

(b) Pulmonary Tuberculosis

(Duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Erysipelas

(Duration) yrs. mos. ds.

(Signed) Walter W. Hute M. D.

May 18, 1916. (Address) 1401 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 20, 1916.

20-UNDERTAKER Lee Cook — ADDRESS 502 E. 20th

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

(95232) 41

CERTIFICATE OF DEATH.

(95232)

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 W. Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franz J. Flemming

(Residence in Baltimore: No. 505 W. Franklin St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 26 (Day), 1869 (Year)

7-AGE, 47 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): 725

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Franz Flemming

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Flemming

(Address) 505 W. Franklin

15- MAY 20 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18 (Month) (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to May 18 1916, that I saw h m alive on May 17 1916, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas

Contributory Cardiac Asthenia

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Geo. Kammerdt M. D.

May 19, 1916. (Address) 800 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Com

DATE OF BURIAL, May 20 1916

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Aisquith

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95233 64 C95233

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1366 Reynolds ST.: 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Tyson

(Residence in Baltimore: No. 1366 Reynolds St.: 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March (Month) 12 (Day), 1859 (Year)

7-AGE, 57 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician 2/3
(b) General nature of industry, business, or establishment in which employed (or employer): Manufacturer

9-BIRTHPLACE, (State or Country), France

PARENTS.

10-NAME OF FATHER, John Tyson

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Hart Knowl

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Tyson

(Address) 1366 Reynolds St.

15- MAY 20 1916 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to May 17 1916, that I saw h[illegible] alive on May 16 1916, and that death occurred, on the date stated above, at 5.10 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

(Signed) Hubert C. Knapp M. D.

May 17, 191 6 (Address) 1716 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Schwartz Cemetery	May 20, 191 6
20-UNDERTAKER	ADDRESS
C. P. M. & Flynn	1-23 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

18 C95234 +120 C95234

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard a. Kelly Hosp. St.; 14 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary B. McIntire.

(Residence in Baltimore: No. 1418 Eutaw Place St.; ....yrs. ....mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ...Unknown...., 1..... (Month) (Day) (Year)

7-AGE, about 68 or 69- ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Elkton Cecil Co. Crawford Hall Maryland

PARENTS.

10-NAME OF FATHER, Rev. James McIntire

11-BIRTHPLACE OF FATHER (State or Country), Oxford Pa.

12-MAIDEN NAME OF MOTHER Mary A Scott

13-BIRTHPLACE OF MOTHER (State or Country), Elkton Cecil Co Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H.R. Carroll

(Address) Elkton Maryland

15. MAY 20 1916 ROBERT . KRAUTER, Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191.6., to May 19 191 6, that I saw h[illegible] alive on May 19 191 6, and that death occurred, on the date stated above, at 1.10 P m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of heart

several years (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia (Lobar) 6 days

disease (Duration) ....yrs. ....mos. 3 ds.

(Signed) William A. Keith Jr. M. D.

May 19., 1916. (Address) 1418 Eutaw Place.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 16 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Don't know.

Former or usual residence Elkton Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Elkton Md.	May 20., 1916
20-UNDERTAKER	ADDRESS
W J Tilman & Sons	Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95235

CERTIFICATE OF DEATH.

134

C95235

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Ennis

(Residence in Baltimore: No. 1618 Asquith St St.; 6 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. About ? ? 1888.
(Month) (Day) (Year)

7-AGE. 28 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. John Byron

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Theresa Darling

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. J. Ennis

(Address) 1618 Asquith St

15- MAY 20 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19 1916, to May 19 1916, that I saw h[illegible] alive on May 19 1916, and that death occurred, on the date stated above, at 5-30 m.

The CAUSE OF DEATH* was as follows:

Ectopic Pregnancy (Rupture)

.....

.....

..... (Duration).....yrs.....mos. 45 ds.

CONTRIBUTORY (Secondary) Hemorrhage

..... (Duration).....yrs.....mos. 15 ds.

(Signed) H. Walter Stevens M. D.

5/19/16 191... (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 1618 Asquith St

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL, May 21, 1916

20-UNDERTAKER Stewart Mowen Co

ADDRESS 108 W North

C95236

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95236

CERTIFICATE OF DEATH.

REGISTERED No. C 169

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Port Covington ST.) 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Starzig.

(Residence in Baltimore: No. 1427 Lowman St.) 40. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, December 24, 1859.
(Month) (Day) (Year)

7-AGE, 56 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer. 243
(b) General nature of industry, business, or establishment in which employed (or employer): Generals.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country), don't know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Starzig (daughter)

(Address) 1427 Lowman St.

15- MAY 20 1916 Filed....., 191....

ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Body found May 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto McReinhardt M. D.
(Coroner.)

May 19 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, May 20, 1916

20-UNDERTAKER J. Fenwick McConnelly ADDRESS 39 E. Front.

CAUSE OF DEATH to plain terms, as this is one of property important. See instructions on back of certificate.

C95237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95237

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead at the University Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Thomas Myerly.

(Residence in Baltimore: No. one day at the University Hospital. St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE,	If LESS than 1 day,
14 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Carroll Co. Md.

PARENTS.

10-NAME OF FATHER, R. M. Myerly.

11-BIRTHPLACE OF FATHER (State or Country), Westminster Md.

12-MAIDEN NAME OF MOTHER Sallie H. Hullmon

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) From the University Hospital records

(Address).....

15- MAY 20 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May ..... (Month) ....., 19 ..... (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage due to fracture of Skull caused by falling from a bicycle: Accident

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Ernest L. Doscall M. D. (Coroner)

May 19 191.. (Address) 812 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS).

At place of death.....yrs.....mos...1..ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Westminster, Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westminster Md	May 19., 19.16

20-UNDERTAKER Graham F. Walker ADDRESS 723 W. Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 113 C95238

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 6 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Emily Ann Lowe N R McLean

(Residence in Baltimore: No. Church Home & Infirmary St.; ..... yrs., 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	married

6-DATE OF BIRTH, January (Month) 28 (Day), 1859 (Year)

7-AGE, 57 yrs. 3 mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework.

9-BIRTHPLACE, (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER, John Ritchie

11-BIRTHPLACE OF FATHER (State or Country), Frederick Md.

12-MAIDEN NAME OF MOTHER Betsie Manlsby

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md!

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Donald McLean

(Address) Frederick Md.

15- Filed MAY 20 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17th 1916, to May 19th 1916, that I saw her alive on May 19th 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Horace Ward Bryan M. D.

May 19, 1916. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Frederick Md.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Frederick Md.	May 20, 191..
20-UNDERTAKER H E Stuhel	ADDRESS 17 S Broadway

Important: See instructions on back of certificate.

C95239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95239

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2021 Keyser ST: 8 WARD) REGISTERED No. C 79

2 FULL NAME Helen Price

(Residence in Baltimore: No. 2021 Keyser St.: — yrs. 6 mos. — ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married (1852)

6 DATE OF BIRTH: Unknown (Month) (Day), 1855 (Year)

7 AGE: 61 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Robert Price

11 BIRTHPLACE OF FATHER (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emanuel Price

(Address) 702 E Kayser St

15 Filed MAY 20 1916, 191

HENRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 18 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 18, 191 , to May 18 191 6.

that I saw h[illegible] alive on May 18, 191 6.

and that death occurred on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY) Anaemia,

(Duration) — yrs. — mos. — ds.

(Signed) Hubert Pearce M. D.

May 18, 191 (Address) 140 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel (Md.) DATE OF BURIAL: May 20, 1916

20 UNDERTAKER: John W Henderson ADDRESS: 317 Caroline

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95240

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

42

C95240

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 705 E. Chase St. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate McBoyle

Residence in Baltimore: No. 705 E. Chase St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: — None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: John Leary

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Patrick Hasson

(Address) 1618 Eilbeck av

15

MAY 20 1916 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 20, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1914, to May 20 1916, that I saw h.. alive on May 19, 1916, and that death occurred, on the date stated above, at 12.45 a m.

The CAUSE OF DEATH* was as follows:

Cancer Hepatis

Microscopic Examination

(Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY) Cancer of uterus.

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Wm T B Sullivan M. D.

May 20, 1916 (Address) 5 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: May 23, 1916

20-UNDERTAKER: John J Cowan & Son ADDRESS: 901 Hollins St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-M—M. & T.—2000 Blks

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95241 C95241

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph German Hospital 10 ST. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Rigsley (Rigney)

(Residence in Baltimore: No. 915 E Eager St. St. 47 yrs., 10 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, June 26, 1868 (Month) (Day) (Year)

7-AGE 47 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Iron 33
(b) General nature of industry, business, or establishment in which employed (or employer) Moulder

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Rigney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Burns

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dahoney

(Address) 102 Valley St.

15- MAY 20 1916 HARRY C. ANDREWS

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to May 18 1916, that I saw h[illegible] alive on May 18 1916, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia Pleurisy

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

Pulmonary Edema (Duration) yrs. mos. 1 ds.

(Signed) Oscar V. Lynhardt M. D.

May 18, 1916 (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 915 E. Eager St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, May 22, 1916

20-UNDERTAKER H. C. Wiedefeld ADDRESS 414 Greenmt Av

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95242 92 C95242

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chester Price

(Residence in Baltimore: No. 1926 Hennemann St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, June (Month) 27 (Day), 1893 (Year)

7-AGE,	If LESS than 1 day,
22 yrs. 10 mos. 19 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ward

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Geo. Price.

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Mollie Scales.

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Price

(Address) Johns Hopkins Hosp

15- MAY 20 1916 Filed....., 191.... HARRY F. ARLOTTA Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 191.., to May 16 191.., that I saw h.. alive on May 16 191.., and that death occurred, on the date stated above, at 8.35 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar pneumonia

..... (Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) H. R. Mason, M. D.

May 18, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 2 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1926 Hennemann St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
HOPKINS HOSPITAL	MAY 19 1916

20-UNDERTAKER	ADDRESS
by Commissioner of Health.	

FOR STATISTICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95243 C95243

CERTIFICATE OF DEATH.

28

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Garrett

(Residence in Baltimore: No. 410 St. Paul St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Aug. 15, 1870 (Month) (Day) (Year)

7-AGE, 45 yrs. 9 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Horse Dealer
(b) General nature of industry, business, or establishment in which employed (or employer). " " (?)

9-BIRTHPLACE, (State or Country), Kentucky

PARENTS.

10-NAME OF FATHER, Henry Garrett

11-BIRTHPLACE OF FATHER (State or Country), Ky

12-MAIDEN NAME OF MOTHER Mary —

13-BIRTHPLACE OF MOTHER (State or Country), Ky

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Mercer Hoff

(Address) Calvert & Fayette

15-

Filed MAY 20 1916 Burial Permit No. 6

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1916, to May 16 1916, that I saw h— alive on May 16 1916, and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(b) Duration Short time yrs. mos. ds.

CONTRIBUTORY (Secondary)

(c) Duration yrs. mos. ds.

(Signed) Edward V. Scott M. D.

May 16 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 10 ds. In the State Do Northern yrs. .... mos. .... ds.

Where was disease contracted if not at place of death? 410 St. Paul St.

Former or usual residence 410 St. Paul St.

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

HARRY C. ARNOLD UNIVERSITY OF MARYLAND MAY 19 1916 Undertaker Funeral Director ANATOMICAL PURPOSES

95244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Unknown: black. 184 REGISTERED NO. C

CITY OF BALTIMORE (No. found ST.: 13 WARD)

2-FULL NAME Maryland, Penn R. R. yards

(Residence in Baltimore: No. St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	

6-DATE OF BIRTH. About May 15, 1916
(Month) (Day) (Year)

7-AGE. ..yrs. ..mos. ..ds. If LESS than 1 day, one hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Boy
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER. "

11-BIRTHPLACE OF FATHER (State or Country). "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert G. Nelson

(Address) Northern Police Station

15- Filed MAY 20 1916 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, About May 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Probable Homicide

(Duration) ..yrs. ..mos. ..ds.

(Signed) John J. Thomassen M. D.
(Coroner)

May 19 1916 (Address) 632 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
COLLEGE OF P. & S.	MAY 20, 1916
20-UNDERTAKER	ADDRESS.

Commissioner Health.

important. See instructions on back of certificate.

C95245

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95245

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy triplet ST.: 10 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence Brown

(Residence in Baltimore: No. 1121 Forest Place Mount St. 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, about May (Month) 13 (Day), 1852 (Year)

7-AGE about 64 yrs. — mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Watchman

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, H. Brown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Cullen

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Brown

(Address) 1121 Forest Place

15- Filed MAY 20 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest May 22 - 1916 (Inquest, ~~autopsy or inquiry~~.) thereon and from the evidence obtained by said (Inquest, ~~autopsy or inquiry~~.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fat. disease heart.

Fract both bones of leg near ankle.

Struck by automobile May 6.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. T. Riley (Coroner) M. D.

May 19 1916. (Address) 1637 Binding

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ~~yrs.~~ ~~mos.~~ 12 ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? Struck by automobile May 6 on Fallsway near madison St.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	May 22 1916
20-UNDERTAKER H. M. Lauchheimer	ADDRESS 1620 Mt. Prospect Ave

IMPORTANT: Please write plainly, so that every word may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95246

CERTIFICATE OF DEATH.

30 C95246

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Waters

(Residence in Baltimore: No. 203 N Eden St St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 9, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Norman Webster

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Waters

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAY 20 1916, 191.... HARRY C. AVEY Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1916, to May 18 1916, that I saw her alive on May 18 1916, and that death occurred, on the date stated above, at 12 25 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert P. Rosenthal M. D.

May 18, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 203 Eden St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, May 21, 1916

20-UNDERTAKER Chas. B. Jones

ADDRESS 506 Rogers St

Important. See instructions on back of certificate.

C95247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×159 C95247

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital St.) 16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earnest W. Conaway

(Residence in Baltimore: No. Franklin Square Hospital St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept (Month) 6 (Day), 1892 (Year)

7-AGE	If LESS than 1 day,
23 yrs. 8 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist 31 Lt Chest
(b) General nature of industry, business, or establishment in which employed (or employer): B&O R R Shops

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Payton Conaway

11-BIRTHPLACE OF FATHER (State or Country) Carroll Co Md

12-MAIDEN NAME OF MOTHER Ida Easton

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Conaway

(Address) Catonsville Md

15-MAY 20 1916 Filed..... 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Pistol Shot wound in left Chest Suicidal Intent (ameda)

(Duration) ..... yrs. ..... mos. 0 ds.

CONTRIBUTORY (Secondary) Hemorrhage from Pulmonary Vein (Duration) ..... yrs. ..... mos. 1/2 ds.

(Signed) James M Fenton M. D. (Coroner.)

May 18 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 23 yrs. 8 mos. 12 ds.

Where was disease contracted, if not at place of death? (Court House) —

Former or usual residence Howard Co Md

19-PLACE OF BURIAL OR REMOVAL, Good Shepherd Cemetery — DATE OF BURIAL, May 20, 1916.

20-UNDERTAKER Easton Sons — ADDRESS Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is important. See instructions on back of certificate.

C95248 64 C95248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2138 Mt Holly — St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Wheatley

(Residence in Baltimore: No. 2138 Mt Holly St.; 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED.~~ (Write the word.) Widow

6-DATE OF BIRTH, Not Known (Month) ..... (Day), 1831 (Year)

7-AGE, 85 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Shepherdstown W Va

PARENTS.

10-NAME OF FATHER, John Weltzheimer

11-BIRTHPLACE OF FATHER (State or Country), W Va

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Harry D Wheatley

(Address) 2138 Mt Holly St

15- MAY 20 1916 Filed....., -191.....

HARRY V. ADELL
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from (Date) May 19 1916, to May 19 1916, that I saw h[illegible] alive on May 19th 1916, and that death occurred, on the date stated above, at 1.15 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy with
Left Hemiplegia
about 3 hours
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Carlton M Cook M. D.

May 20, 1916. (Address) 1157 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, MAY 21 1916

20-UNDERTAKER Geo. A. Gerbig — ADDRESS Balto & Payson

85

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95249 C95249

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 N Monta ave ST.; 13 WARD)

REGISTERED NO. C 170

2-FULL NAME Margaret Lydia Woolford

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1132 N Montaine St.) 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 17, 1851 (Month) (Day) (Year)

7-AGE, 65 yrs. 4 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stones
(b) General nature of industry, business, or establishment in which employed (or employer) Mfr

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo Kaur

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maryann Bowers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa M Woolford

(Address) 1132 N Montaine

15-

Filed MAY 20 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13th 1916, to May 18th 1916, that I saw h[illegible] alive on May 18th 1916, and that death occurred, on the date stated above, at 12.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 2 ds.

(Signed) Reuben F Steerman M. D.

May 20, 1916 (Address) 1327 N Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem — DATE OF BURIAL, May 21, 1916

20-UNDERTAKER W J Sullivan & Son — ADDRESS Norman

Spec.—5-19-13—M. & T.—500 Bks.

C95250

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95250

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 W. Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna B. Barton

(Residence in Baltimore: No. 1017 W. Saratoga St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Aprl 2, 1854 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 1 mos. 18 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Trenton, N. J.

PARENTS.

10-NAME OF FATHER, Tilton C. Brannin.

11-BIRTHPLACE OF FATHER (State or Country), Trenton. N. J.

12-MAIDEN NAME OF MOTHER Miriam Ranier

13-BIRTHPLACE OF MOTHER (State or Country), Trenton N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abbie Rauterberg

(Address) 1017 W Saratoga St

15-MAY 20 1916 MARY E. ANDREWS

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1916, to May 20 1916, that I saw h[er] alive on May 19, 1916, and that death occurred, on the date stated above, at 1[30] [A]m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteio-Sclerosis

(Duration) 1 yrs. mos. ds.

(Signed) J. M. Delevett M. D.

May 20, 1916. (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Taunton N J — DATE OF BURIAL, May 22, 191...

20-UNDERTAKER Wm J. McKnut & Son — ADDRESS P & N. ave

Important. See instructions on back of Certificate.

C95251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

174

1-PLACE OF DEATH: City of Baltimore (No. Mercy Hospital St. 11 1 ½ WARD) — REGISTERED No. C 95251

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Elizabeth Thomas (Thomas)

(Residence if Baltimore: No. 303 W. Monument St.; yrs. 47 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH: July (Month) 2nd (Day), 1857 (Year)

7-AGE	If LESS than 1 day,
58 yrs. 10 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Rockville Md.

PARENTS.

10-NAME OF FATHER: John K. Miller

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Brodbeck

13-BIRTHPLACE OF MOTHER (State or Country): Rockville Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Joseph H. Thomas

(Address): 2149 Mt Holly St.

15- Filed MAY 20 1916 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, and held an (Inquest, ~~autopsy or inquiry~~) thereon and from the evidence obtained by said (Inquest, autopsy ~~or inquiry~~) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Injuries

Probably Internal Hemorrhage

Caused by Fall in Elevator

CONTRIBUTORY (Secondary) Shaft in Condemned Building

(Duration) ....yrs. ....mos. ....ds. May

(Signed) W. F. Luby (Duration = Sudden) M. D. 18

(Coroner) 1916

May 19. 1916. (Address) 1639 Bunday

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. State for number in the City....yrs....mos....ds.

Where was disease contracted, if not at place of death? Continental Building

Former or usual residence 303 W Monument St

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. — DATE OF BURIAL, May 21, 1916

20-UNDERTAKER: J. B. Cook — ADDRESS 1093 West Baltimore St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95252

CERTIFICATE OF DEATH.

79

C95252

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 S. Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Schoenhaar

(Residence in Baltimore: No. 1126 S. Charles St.: 63 yrs., mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April 21, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, John Jacobs

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eliza Eberle

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Schoenhaar

(Address) 1126 S. Charles St

15- Filed MAY 20 1916, 191.... HARRY [illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17" (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17" 1916, to May 17" 1916, that I saw her alive on May 17" 1916, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. da.

(Signed) H. H. Hurst M. D.

May 19", 1916. (Address) 1228 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cemetery — DATE OF BURIAL, May 21, 1916

20-UNDERTAKER J. J. McDonnell Flynn — ADDRESS 1422 Light St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95258

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95253 C95253

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E. W. Hoffman St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Wheeler

(Residence in Baltimore: No. 12 E. W. Hoffman St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 4th 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Anthony Wainwright

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hettie Wainwright

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Archibald Tolbert

(Address) 12 E. W. Hoffman St.

15- MAY 20 1916 Filed ..... 191. HATTIE ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1915, to May 19th 1916, that I saw h— alive on May 18th 1916 and that death occurred, on the date stated above, at 6.30 A. M.

The CAUSE OF DEATH* was as follows:

Malaria att 9 mo ago
Pneumonia
Cause Unknown

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Eddis M. D.

May 19, 1916 (Address) 927 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem'y — DATE OF BURIAL, May 20 1916

20-UNDERTAKER Samuel Hemsley — ADDRESS 578 N. Bidle

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95254 C95254

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E. W. Hoffman St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Wheeler

(Residence in Baltimore: No. 12 E. W. Hoffman St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 4th 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Anthony Wainwright

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hettie Wainwright

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Archibald Tolbert

(Address) 12 E. W. Hoffman St.

15- MAY 20 1916 Filed ..... 191. HATTIE ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1915, to May 19th 1916, that I saw h— alive on May 18th 1916 and that death occurred, on the date stated above, at 6.30 A. M.

The CAUSE OF DEATH* was as follows:

Malaria att 9 mo ago
Pneumonia
Cause Unknown

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Eddis M. D.

May 19, 1916 (Address) 927 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem'y — DATE OF BURIAL, May 20 1916

20-UNDERTAKER Samuel Hemsley — ADDRESS 578 N. Bidle

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95254 C95254

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 E. Preston ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Eliza Bayless

(Residence in Baltimore: No. 710 E. Preston St.; 74 yrs. 4 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. December 25, 1841 (Month) (Day) (Year)

7-AGE. 74 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Rt Home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Nicholas Burke

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence M. Bayless

(Address) 710 E. Preston St

15. MAY 20 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to May 19 1916, that I saw her alive on May 18 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 3 yrs. mos. ds.

(Signed) Wm. Pearce M. D.

May 19, 1916. (Address) 5 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. May 21, 1916

20-UNDERTAKER. Chas T. Black & Co

ADDRESS Mulberry

W 714 Place 5 E Preston St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095255 095255

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Boyd St. 18 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George White

(Residence in Baltimore: No. 909 Boyd St St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 26 (Day), 1916 (Year)

7-AGE, ...yrs. 2 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geoge White

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Chifley

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Chifley

(Address) 909 Boyd St

15- Filed MAY 20 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to May 18 1916, that I saw h..m alive on May 18 1916, and that death occurred, on the date stated above, at 4:55 a.m.

The CAUSE OF DEATH* was as follows:

1. .....
2. Broncho Pneumonia
3. .....

(Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) E. Hilles Hammett M. D.

5/19, 191.. (Address) 2000 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Lebanon Cemetery — DATE OF BURIAL, May 22nd, 1916

20-UNDERTAKER John F. Cowan & Son — ADDRESS 901 Hollins St

C95256

HEALTH DEPARTMENT---CITY OF BALTIMORE

C95256

CERTIFICATE OF DEATH

40

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 West Biddle St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Donnelly

(Residence in Baltimore: No. 210 West Biddle Street St.; 65 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH November 18, (Month) (Day), 1839 (Year)

7-AGE 76 yrs. 6 mos. 0 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Ireland

PARENTS

10-NAME OF FATHER Patrick Welsh

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER ------- Flood

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Graham Donnelly

(Address) 210 West Biddle St.

MAY 20 1916 Filed ....., 191

HARRY ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 18th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3, 1916, to, May 18 1916, that I saw h[illegible] alive on May 17th 1916, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Exhaustion from stenosis of stomach

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Chas. O'Donovan M. D.

May 16, 1916 [Address] 1 E. Read St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: May 22, 1916

20-UNDERTAKER: Mowery & Means & Bro. — ADDRESS: 805 N. Calvert St.

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Matthew Matthew Henry Holman.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95257 C95257

CERTIFICATE OF DEATH.

91

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N Greene ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Henry Holman

(Residence in Baltimore: No. 416 N Greene St.; ....yrs., mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, May (Month) 1 (Day), 1835 (Year)

7-AGE, 81 yrs. ..... mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Glass Blower
(b) General nature of industry, business, or establishment in which employed (or employer)..... 234

9-BIRTHPLACE, (State or Country), England.

PARENTS.

10-NAME OF FATHER, Geo Holman

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Mr Known

13-BIRTHPLACE OF MOTHER (State or Country). England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hanna H. Holman

(Address) 416 N. Greene St.

Filed MAY 21 1916 191.... ROBERT , KRAUTHER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 19 1916, to May 20 1916, that I saw him alive on May 20th 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

.....

.....

Pneumonia 3 day

..... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchi

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) Frank H Kruman M. D.

May 20, 191.6 (Address) 322 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Layton Pa

DATE OF BURIAL, May 21, 1916.

20-UNDERTAKER W M Routson

ADDRESS 230 N Green

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95258 C95258

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 763 Dover ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dillard

(Residence in Baltimore: No. 763 Dover St.: 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, June (Month) 6 (Day), 1905 (Year)

7-AGE, 10 yrs. 11 mos. 13 ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Dillard

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER alice Jones

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Dillard (Father)

(Address) 763 Dover st.

15- ROBERT . KRAUTER, Burial Permit Clerk

Filed MAY 21 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May. 17. 1916, to May 19 1916, that I saw him alive on May 19 1916, and that death occurred, on the date stated above, at 1. P. m.

The CAUSE OF DEATH* was as follows:

Primary — Lobar Pneumonia

Immediate — Exhaustion

(Duration) from knowledge yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) from History.

(Duration) yrs. mos. 6 ds.

(Signed) J. P. Stuart M. D.

, 191... (Address) 506 Hanover st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 21, 1916

20-UNDERTAKER John H Toadvine — ADDRESS 142 Westiel St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42

(95259) REGISTERED NO. C 95259

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Leadenhall ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Ennis

(Residence in Baltimore: No. 916 Leadenhall St.; 38 yrs. ... mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. ... mos. — ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sweeper 26th
(b) General nature of industry, business, or establishment in which employed (or employer): Clint Factory

9-BIRTHPLACE, (State or Country), Salts Md.

PARENTS.

10-NAME OF FATHER, John Morgan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Ennis

(Address) 916 Leadenhall St.

15- Filed MAY 21 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1916, to May 19 1916, that I saw her alive on May 19 1916, and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Uterus

Clinical Diagnosis

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) ... Dr. Thomas

(Duration) ... yrs. 1 mos. ... ds.

(Signed) C. E. Florence M. D.

May 20 1916 (Address) 914 S. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 22 1916

20-UNDERTAKER John H Scadron — ADDRESS 142 W Lexington St

Important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95260 120 C95260

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. Md. Gen. Hosp. St.; 5 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Schoen.

(Residence in Baltimore: No. 1142 E. Lombard St St.; 37 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, (Month) (Day) 1 (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Low Business
(b) General nature of industry, business, or establishment in which employed (or employer) 60 ✓

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Max Schoen

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Schoen

(Address) 1142 E. Lombard St.

15- Filed MAY 21 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19th 191 to May 19th 191, that I saw h alive on May 19th 191, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (Duration) ? yrs. ? mos. ? ds.

(Signed) Frank E. Shipley M. D.

May 19, 16 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1142 E. Lombard St.

19-PLACE OF BURIAL OR REMOVAL, Arlington Woodlawn — DATE OF BURIAL, May 24, 1916

20-UNDERTAKER J. Lennon & Bro — ADDRESS 1107 E Baltimore St

C95261

HEALTH DEPARTMENT---CITY OF BALTIMORE

C95261

CERTIFICATE OF DEATH

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 Harlem Av ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Hart

(Residence in Baltimore: No. 1641 Harlem Ave, St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Sept 21, 1887 (Month) (Day) (Year)

7-AGE: 28 yrs. 8 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Henry J. Faul

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Annie Elizabeth Grimes

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John T. Hart

(Address) 1218 E. Eager St

15- Filed MAY 21 1916 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12, 1916, to, May 21, 1916, that I saw h.. alive on May 20 1916, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs mos. 8 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed), John W. Donaldson M. D.

May 21, 1916 [Address] 1714 E Eager

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: May 24, 1916

20-UNDERTAKER: W. J. Turner — ADDRESS: 1402 N. Broadway

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95262

CERTIFICATE OF DEATH.

151

C95262

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2141 Harford Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Joseph Vincent Valentini

(Residence in Baltimore: No. 2141 Harford Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: ~~Male~~ Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Infant

6-DATE OF BIRTH, May (Month) 21 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 2 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Vincent E. Valentini

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Genera Evans

13-BIRTHPLACE OF MOTHER (State or Country), Westminster ~~Baltimore~~ Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Valentini

(Address) 16 S Broadway

15- Filed MAY 21 1916. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1916, to May 21 1916, that I saw him alive on May 21 1916, and that death occurred, on the date stated above, at 8 h. m.

The CAUSE OF DEATH* was as follows:

Premature Birth (6 month duration)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. L. Valentini M. D.

May 21, 1916. (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, May 21, 1916

20-UNDERTAKER Wendell & Offutt ADDRESS 57 S Mar

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95263

CERTIFICATE OF DEATH.

#7 C95263

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Aisquith ave St.; 16 WARD)

REGISTERED NO. C

2-FULL NAME Rose Trelinsky

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 602 Aisquith ave St.; 38 yrs., 9 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 24 (Month) (Day), 1877 (Year)

7-AGE, 38 yrs. 9 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Matthew Illusitsky

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Rose Rudden

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. E. Knott

(Address) 607 S. Paulina St.

15- MAY 21 1916 Burial Permit Issued, 191.. HUBERT J. KRAUTER, Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1915, to May 18 1916, that I saw h[illegible] alive on May 18 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis. Arterio-sclerosis. Hypertension. Chronic Nephritis.

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(Duration) yrs. mos. 2 ds.

(Signed) C. Hilton Austin M. D.

May 19, 1916 (Address) 817 Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, 5-22, 1916

20-UNDERTAKER H. Brauning Son

ADDRESS 317 N Schroeder St

Important. See instructions on back of certificate.

M.D. 2762 110c

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95264

CERTIFICATE OF DEATH.

50

C95264

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ambrose Sutherer

(Residence in Baltimore: No. 1712 Ashland Ave St.; 74 yrs., 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, April (Month) 6 (Day), 1842 (Year)

7-AGE, 74 yrs. 1 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, James Padgett

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Katie Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAY 21 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1916, to May 19 1916, that I saw her alive on May 14 1916, and that death occurred, on the date stated above, at 11:45 p. m.

The CAUSE OF DEATH* was as follows:

Thrombosis

Pneumonia

Streptococcus infection

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. 9 mos. ....ds.

(Signed) W. E. Brady M. D.

May 21 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 1712 Ashland Ave

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, May 22, 1916.

20-UNDERTAKER Wm Cook ADDRESS 502 E. Madison

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95265

CERTIFICATE OF DEATH.

113

C95265

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1450 Block ST.; 3 WARD)

REGISTERED No. C

2-FULL NAME Otto Lotzlotz - Langlotz

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1450 Block St.

St.; 58 yrs., 10 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June (Month) 21 (Day), 1857 (Year)

7-AGE, 58 yrs. 10 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Can Capper
(b) General nature of industry, business, or establishment in which employed (or employer): 384

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Langlotz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henretta Kern

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Langlotz

(Address) 1450 Block St

15-

Filed MAY 21 1916, 191... ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 20 1916, that I saw h— alive on May 20 1916, and that death occurred, on the date stated above, at 05 m.

The CAUSE OF DEATH* was as follows:

Cancer Liver

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. 1 mos. ds.

(Signed) J. J. Valentine M. D.

May 22, 1916 (Address) 1400 Bmore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, May 23 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North ave

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95266

CERTIFICATE OF DEATH

37

C95266

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95266 — 37 — C95266

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1312 Rutter St. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Horace Pack

(Residence in Baltimore: No. 1312 Rutter St - St.; 2 yrs. mos. ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept 28 (Month) (Day), 1913 (Year)

7-AGE: 2 yrs. 9 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or country): annopolis md anne co

PARENTS

10-NAME OF FATHER: Horace Pack

11-BIRTHPLACE OF FATHER (State or country): annopolis anne co

12-MAIDEN NAME OF MOTHER: Addeline Snowden

13-BIRTHPLACE OF MOTHER (State or country): annopolis anne co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Hamills

(Address) 1312 Rutter St

15. Filed MAY 21 1916, 19.. ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 20 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1916, to. May 21 1916.
that I saw him alive on May 19, 1916.
and that death occurred, on the date stated above, at 130A m.
The CAUSE OF DEATH* was as follows:

Lues - (Congenital)

(Duration) 2 yrs. 9 mos. 10 ds

Contributory (SECONDARY) none (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), R B Kenyon M. D.
May 21, 1916 (Address) 422 Fagreen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters Cemetery. DATE OF BURIAL: May 23, 1916

20-UNDERTAKER: Felix B. Pye ADDRESS: 102 E Mulberry St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95267 64 C95267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. City of Baltimore (No. 5 On Pratt St near Market St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Isaac Thomas-or Rose

(Residence in Baltimore: No. 423 Central av. St.; yrs. 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... (Month) Dec (Day) Bury, (Year) 1

7-AGE, 42 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Keeper (b) General nature of industry, business, or establishment in which employed (or employer). Lumber.

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Isaac Rose

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Emily Brown(?)

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Brown

(Address) 423 Central av.

15- Filed MAY 21 1916 ROBERT KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Sudden

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Daly, M. D. (Coroner.)

May 20, 1916 (Address) 1838 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. State Few minutes in the ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetary

DATE OF BURIAL, May 22, 1916

20-UNDERTAKER Chas. E. Bailey

ADDRESS 1421 Jefferson st

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95268 C95268

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Hanbert ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Pipkin

(Residence in Baltimore: No. 1405 Hanbert St. 70 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 22 (Month) (Day), 1854 (Year)

7-AGE, 61 yrs. 9 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House ?

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ludwig Pipkin

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Don't no

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Pipkin

(Address) 1468 Mirdad st

15- Filed MAY 21 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19 1916, to May 20 1916, that I saw him alive on May 20 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Valvular Heart Dis.

(Duration) yrs. 6½ mos. ds.

(Signed) Hubert Krauter M. D.

May 20, 1916 (Address) 1216 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oakdale Cemetery

DATE OF BURIAL, May 23, 1916

20-UNDERTAKER J Wm Cook

ADDRESS 502 E Fulton

Important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95269 C95269

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert B. Goldsmith

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE.	If LESS than 1 day,
61 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Goldsmith

(Address) Newport Md

15-MAY 21 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18 1916, to May 21 1916, that I saw h[illegible] alive on May 21 1916, and that death occurred, on the date stated above, at 1:35 a.m.

The CAUSE OF DEATH* was as follows:

[illegible] Operation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward B. Smith M. D.

May 21 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Newport Md

Former or usual residence Newport Md.

19-PLACE OF BURIAL OR REMOVAL, Newport Md. DATE OF BURIAL, May 22, 1916.

20-UNDERTAKER W[illegible] Cole ADDRESS 502 North Ga

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

James W. Solley.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95270 × 64 C95270

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W. Solley

(Residence in Baltimore: No. Mercy Hospital St.; yrs., 7 hrs mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 11 (Day), 1857 (Year)

7-AGE, 59 yrs. mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, T. W. Solley

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Sarah Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie E. Solley

(Address) Solley Md.

15- MAY 21 1916 ROBERT . KRAUTER, Burial Permit Clerk.
Filed ..., 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19 191 to May 19, 1916, that I saw h[illegible] alive on May 19 1916, and that death occurred, on the date stated above, at 7:20 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

7 hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

5/19/16, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 hrs. yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Cumberland, Md.

Former or usual residence Salem, Md.

19-PLACE OF BURIAL OR REMOVAL, Solley's Home Cemetery A A Co Md. DATE OF BURIAL, May 22, 1916.

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—5-19-13—M. & T.—500 Bks.

C95271

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

C95271

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 N Calvert St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Temple Casey Emma Casey

(Residence in Baltimore: No. 2519 N Calvert St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 20, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 2 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Temple Casey

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Emma Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Temple Casey

(Address) 2519 N. Calvert St.

15- Filed MAY 21 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to May 21 1916, that I saw her alive on May 20 1916 and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Prematur e Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. H. Humerickhouse M. D.

May 21, 1916 (Address) 535 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, MAY 22 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light

Important. See instruction for filling out certificate.

C95272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

C95272

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1014 S. Fremont St.: 21 WARD)

REGISTERED No. C .....

2-FULL NAME Annie M. Robinson c

(Residence in Baltimore: No. 1014 S. Fremont

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: ~~yrs.~~ 4 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, January 16, 1916
(Month) (Day) (Year)

7-AGE, — yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Robinson c

11-BIRTHPLACE OF FATHER (State or Country), S C.

12-MAIDEN NAME OF MOTHER, Carrie Clark c

13-BIRTHPLACE OF MOTHER (State or Country), Cecil Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Robinson c (mother)

(Address) 1014 S Fremont

15-MAY 22 1916 HORRET . KRAUTER,
Filed....., 191.. Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

.....

Broncho - Pneumonia

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Otto M Krantzhardt M. D.
(Coroner.)

May 22, 1916. (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn St	May 22, 1916.
20-UNDERTAKER	ADDRESS
A. W. Brandt Son	1111 Mad St

CAUSE OF DEATH: In plain terms, so that it may be properly classified. State whether of OCCUPATION if important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Pi...

Spec.—8-24-14—M. & T.—2000 Bks.

C95273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C95273

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2643 Edmondson Ave ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William P Huff

(Residence in Baltimore: No. 2643 Edmondson Ave St.; 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July 22nd, 1900. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
15 yrs. 10 mos. 30 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W Va Md

PARENTS.

10-NAME OF FATHER, T. L. Huff

11-BIRTHPLACE OF FATHER (State or Country), W Va

12-MAIDEN NAME OF MOTHER Lora Boyd

13-BIRTHPLACE OF MOTHER (State or Country), W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Townsend L. Huff

(Address) 2643 Edmondson Ave

15- MAY 22 1916 ROBERT . KRAUTER,
Filed....., 191.... Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21st, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st, 1916, to May 20th 1916, that I saw h[illegible] alive on May 20th 1916, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 9 yrs. 3 mos. ds.

(Signed) [illegible] M. D.

May 21, 191.6 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, 5/23, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E. North

Imprint. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95274

CERTIFICATE OF DEATH.

28 C95274

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Fleet St ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A Miller

(Residence in Baltimore: No. 1820 Fleet St. St.; 41 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 2, 1888.
(Month) (Day) (Year)

7-AGE, 28 yrs. 1 mos. 18 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Weaver
(b) General nature of industry, business, or establishment in which employed (or employer)..... American Can Co.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Keller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Miller

(Address) 1820 Fleet St

15- Filed MAY 22 1916 ROBERT , KRAUTER, 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1914, to May 20 1916, that I saw h.. alive on May 19 1916, and that death occurred, on the date stated above, at 1.35 a.m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis
2. Ulcer
3. (Duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) 41 yrs. mos. da.

(Signed) [illegible] M. D.

May 22, 1916 (Address) 6 W. Mulb

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem.	May 23, 1916.
20-UNDERTAKER	ADDRESS
Randall Appel & Son	37 S Gay St

Important: See instructions on back of certificate.

Frank Beck.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(95275 64 (95275

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 431 N Lakewood ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Beck,

(Residence in Baltimore: No. 431 N Lakewood St.; 51 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) M

6-DATE OF BIRTH, Feb 21, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 3 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Trust
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Frank Beck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Bopp

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Beck

(Address) 431 N Lakewood

15- Filed MAY 22 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Knox Jr. (Coroner.) M. D.

May 21, 1916 (Address) 19 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, 1st German United Evangelical DATE OF BURIAL, May 24 1916

20-UNDERTAKER W. F. Sadowski ADDRESS 706 S. Ann

CAUSE OF DEATH to be plainly written. Do not use abbreviations or technical terms, so that it may be properly understood by any one. Every question should be answered, if possible, as it may be important. See instructions on back of certificate.

C95276

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C95276

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2118 Maryland Ave., ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary O'Leary

(Residence in Baltimore: No. 2118 Maryland Ave., St.: 35 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH Unknown (Month) ..... (Day), 1846 (Year)

7 AGE 70 yrs. mos. ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank W. Dryden

(Address) 2118 Maryland Ave.

15 FILED MAY 22 1916 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May (Month) 20 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 17 - 1916 . to. May 20 1916 .
that I saw her alive on May 20 1916 .
and that death occurred, on the date stated above, at 3.20 P m.
The CAUSE OF DEATH* was as follows:

Chronic Endocarditis - Mitral Stenosis -

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Cerebral Embolism

(Duration) yrs. mos. 1 ds.

(Signed). Robert L. Mitchell M. D.

May 20 1916 (Address) 2117 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Greenmount Cemetery | DATE OF BURIAL May 22 1916

20 UNDERTAKER Chas. Franck ADDRESS 802 Madison Ave.

*State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95277 C95277

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary C. Ruppenberger

(Residence in Baltimore: No. 2632 Pennsylvania St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widowed

6-DATE OF BIRTH, October 24, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. 6 mos. 26 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Jacob Schaffer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Yenter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mamie Ruppenberger

(Address) 2632 Penna Ave

15- Filed MAY 22 1916 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1916, to May 20 1916, that I saw her alive on May 20 1916, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis
(Operation cholecystectomy April 27, 1916)
..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Intestinal obstruction
..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) R. T. Kieffer M. D.

May 20, 1916 (Address) 1514 Division ST.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 24 ds. In the State 66 yrs. 6 mos. 26 ds.

Where was disease contracted, if not at place of death? 2632 Penna Ave.

Former or usual residence 2632 Penna Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	May 22, 1916.
20-UNDERTAKER	ADDRESS
W M Moulton	230 W Greene

Important.—See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95278 C95278

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95278 — 15 — C95278

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry J. Hicks

(Residence in Baltimore: No. Hebrew Hospital St.; ..... yrs., ... mos. 1/2 hrs. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, May 21st, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 1/2 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Hebrew Hospital

PARENTS.

10-NAME OF FATHER, Harry J. Hicks

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Agnes Mullen

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry J. Hicks

(Address) Baltimore

15- MAY 22 1916 Filed ....., 191.....

ROBERT J. KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21st, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1916, to May 21 1916, that I saw h. alive on May 21st 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

(a) Prematurus birth

Lived 1 1/2 hrs.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) I. Marcus Ostrow M. D.

5/21, 191.6 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 1/2 hrs. In the State ..... yrs. ..... mos. 7 1/2 hrs.

Where was disease contracted, if not at place of death? —

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Ste Marie Cem. DATE OF BURIAL, May 22, 1916.

20-UNDERTAKER, John Burns Sons ADDRESS Towson.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95279

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95279

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1454 Battery ave. ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard R. Porter

(Residence in Baltimore: No. 1454 Battery ave. St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	single

6-DATE OF BIRTH. May 2d, 1914.
(Month) (Day) (Year)

7-AGE. ....yrs....mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md Balto

PARENTS.

10-NAME OF FATHER, Alonza Porter

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Lula Ingram

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alonza Porter

(Address) 1454 Battery Ave

15- MAY 22 1916 ROBERT . KRAUTER,
Filed ....., 191.. Burial Permit Clerk,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2d. 1916, to May 20th 1916, that I saw him alive on May 20th — 1916, and that death occurred, on the date stated above, at 7.30 P.m.

The CAUSE OF DEATH* was as follows:

Premature birth 6 hrs.

(Duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY (Secondary) Examination

(Duration) ....yrs. ....mos. 18 ds.

(Signed) ..... M. D.

May 21, 1916. (Address) 1625 Light st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, MAY 22 1916.

20-UNDERTAKER Edw F Fanning ADDRESS 1460 Battery Ave

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95280 43 C95280

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Orchard ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Clark

(Residence in Baltimore: No. 504 Orchard St.: 29 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	Colored	married

6-DATE OF BIRTH, February (Month) 15 (Day), 1875 (Year)

7-AGE,	If LESS than 1 day,
41 yrs. 3 mos. 6 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, — Holly

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lucretia ——

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wallace Clark

(Address) 504 Orchard St.

15- MAY 22 1916 Filed, 191. ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 5 1915, to May 21 1916, that I saw her alive on May 21 1916, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Cancer of breast

Carcinoma ab. breasts

(Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Emphysema

(Duration) — yrs. 8 mos. ds.

(Signed) Chester Reland M. D.

5-21 191.6. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters	May 22 1916
20-UNDERTAKER	ADDRESS
James L Wright	864 Kerry

Important. See instructions on back of certificate.

C95281

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95281

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 416 N Gilmor ST.: 19 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretta Howard

(Residence in Baltimore: No. 416 N Gilmor St.; yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, May 18, 1916
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
.....yrs. .....mos. 3 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt. City

PARENTS.

10-NAME OF FATHER. James Howard

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Hattie Reid

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Howard

(Address) 416 N Gilmor St

15- FILED MAY 22 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility
Cause unknown
7 days (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Unable State Normal
(Duration) ....yrs. ....mos. 3 ds.

(Signed) James M Fenton M. D.
(Coroner)

May 26 1916 (Address) 2 W E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Mt Peters Cem	May 22 1916
20-UNDERTAKER Wilbert Brown	ADDRESS 34 N Mount St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95282

CERTIFICATE OF DEATH.

64

C095282

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Harford Ave ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothea Siegelke

(Residence in Baltimore: No. 2230 Harford Ave St.; about 8 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, February (Month) 10 (Day), 1847 (Year)

7-AGE, 69 yrs. 3 mos. 11 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elsie Muth (daughter)

(Address) 2230 Harford Ave

15- Filed MAY 22 1916, 19.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1916, to May 21 1916, that I saw her alive on May 21 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. 21 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) John W. Henderson M. D.

May 22, 1916 (Address) 1714 N. Carlton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Mathai Cemetery — DATE OF BURIAL, May 24, 1916

20-UNDERTAKER Henry Hoeck Son — ADDRESS 130 E Eager St.

Important.—See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

095283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 095283

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Evergreen Terrace St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Gruber Fritchie

(Residence in Baltimore: No. 2818 Evergreen Terrace St.: 49 yrs., 6 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: November (Month) 13 (Day), 1866 (Year)

7-AGE: 49 yrs. 6 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Wm. Rusk

11-BIRTHPLACE OF FATHER (State or Country): Indiana

12-MAIDEN NAME OF MOTHER: Josephine E. Easter

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josephine E. Rusk

(Address) 2818 Evergreen Ter.

15- Filed MAY 22 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1916, to May 21 1916, that I saw h[er] alive on May 21 1916, and that death occurred, on the date stated above, at 10 45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) .... yrs. .... mos. 4 ds.

(Signed) Nathaniel Carter M. D.

May 22, 1916. (Address) 2731 Garrison Blvd.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: May 23, 1916

20-UNDERTAKER: Stewart & Mowen Co. — ADDRESS: 108 W. Mulberry St.

Important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 115

C95284

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia A. R. Murr

(Residence in Baltimore: No. St. Joseph's Hospital St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 27, 1863
(Month) (Day) (Year)

7-AGE, 52 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James H B. Leitz

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Allie Ames Poole

13-BIRTHPLACE OF MOTHER (State or Country), Berlin Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H Murr

(Address) Cowenton Md

MAY 22 1916 ROBERT . KRAUTER,

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to May 21 1916, that I saw her alive on May 20 1916, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

about 2 weeks
(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Acute Cholemia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. H. Winston Cliff M. D.

May 21, 1916. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Bowenton Md

19-PLACE OF BURIAL OR REMOVAL, London Pk Cem — DATE OF BURIAL, May 24, 1916

20-UNDERTAKER Joseph L Cook — ADDRESS 1003 W Balto St

Important.—See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95285 C95285

CERTIFICATE OF DEATH.

176

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. General German Aged People's Home ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johann Fuchs

(Residence in Baltimore: No. 20 E. Baltimore & Payson Sts St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) not known

6-DATE OF BIRTH, Feb (Month) 5 (Day), 1846 (Year)

7-AGE, 70 yrs. 3 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Hattenberg Germany

PARENTS.

10-NAME OF FATHER, Johann Georg Fuchs

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Maria Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Records of German Aged Home
(Address) Baltimore & Payson Sts

15-
Filed MAY 22 1916 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 191 , to May 20 191 , that I saw him alive on May 20 191 6 and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia
Hypertension Prostate
(Duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Renal insufficiency
(Duration) yrs. 4 mos. ds.

(Signed) F. W. Hobelmann M. D.
May 24 191 6. (Address) 1408 W. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 1 yrs. 7 mos. ds. In the State not known yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill DATE OF BURIAL, May 23, 191 6

20-UNDERTAKER J. B. Cook ADDRESS 1003 W. Balto

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95286 92 C95286

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 N. Baltimore ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Riley

(Residence in Baltimore: No. 1813 N. Baltimore St.; 48 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (write the word.) Married

6-DATE OF BIRTH, May (Month) 21 (Day), 1868 (Year)

7-AGE, 48 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Arthur Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary McGinn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George M. Riley

(Address) 1813 N. Baltimore St.

15- Filed MAY 22 1916 191.. ROBERT . KRAUTER, Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to May 21 1916, that I saw h— alive on May 21 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. 1 ds.

(Signed) E. V. Cookelaan M. D.

May 22, 1916 (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, May 24, 1916.

20-UNDERTAKER J. E. Cook

ADDRESS 1003 E. Balto St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95287

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95287

CERTIFICATE OF DEATH.

96

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 S. Eden ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Kruszewski

(Residence in Baltimore: No. 332 S. Eden St St.; 3 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Widower

6-DATE OF BIRTH, Sept (Month) 20 (Day), 1837 (Year)

7-AGE, 78 yrs. 8 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Andrew Kruszewski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Kunekunda Wunel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Kruszewski

(Address) 332 S Eden St

15-

Filed MAY 22 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 21 1916, that I saw h.. alive on May 21 1916, and that death occurred, on the date stated above, at 5.30 m.

The CAUSE OF DEATH* was as follows:

Asthma

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Rosenau M. D.

May 22, 1916 (Address) 1205 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, May 24, 1916

20-UNDERTAKER Stephen J Fialkowski — ADDRESS 1019 Hanover

Important. See instructions on back of certificate.

C95288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 C95288

REGISTERED NO. C

PLACE OF DEATH Dept of Sollewood Ave.

CITY OF BALTIMORE (No. Dept of Sollewood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 FULL NAME Michael Strzelczyk

(Residence in Baltimore: No. 1007 N. Kenwood Ave St.; yrs. 6/12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March 24, 1905 (Month) (Day) (Year)

7-AGE, 10 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... School Boy (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Martin

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Mary Drozd

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Strzelczyk

(Address) 1007 N. Kenwood Ave

15- MAY 22 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Henry Lyon (Coroner.) M. D.

May 21, 1916 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, May 23, 1916

20-UNDERTAKER Stephen Szalkowski — ADDRESS 1019 N Kenwood Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109

C95289

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie E Kease

(Residence in Baltimore: No. 617 S. Kenwood Ave St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) married

6-DATE OF BIRTH, March (Month) 4 (Day), 1870 (Year)

7-AGE, 46 yrs. 2 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Richmond Va

PARENTS.

10-NAME OF FATHER, John Beaufeturn

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Boulen

(Address) 617 S. Kenwood Ave.

15- Filed MAY 22 1916, 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/7 1916, to 5/20 1916, that I saw her alive on 5/20 1916, and that death occurred, on the date stated above, at 11.02 m.

The CAUSE OF DEATH* was as follows:

Post Operative Ventral Hernidotomy

(Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema Suppression of Urine

(Duration) yrs. mos. 3 ds.

(Signed) Wm A Wilson M. D.

5/20, 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 16 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Deer Park Va. DATE OF BURIAL. May 24 1916.

20-UNDERTAKER Hall & Sons ADDRESS 1442 N. Broadway

Important. See instructions on back of certificate.

C95290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95290

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 100 N. Front St. St. 5 WARD)
REGISTERED No. C 79

2-FULL NAME Isaac Wolf

(Residence in Baltimore: No. 526 Bare St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(St. yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH June 7, 1857.
(Month) (Day) (Year)

7-AGE, 58 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Can maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland (City)

PARENTS.

10-NAME OF FATHER, Isaac Wolf

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Araminta Wolf

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Ida Jones
(Address) 526 Bare St.

15- MAY 22 1916 FRANK C. ALDRICH
Filed ..... 191.... Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(~~Inquest~~, autopsy or inquiry.)
thereon and from the evidence obtained by said
(~~Inquest~~, autopsy or inquiry.)
Inquiry find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cardiac disease

Dil Burn (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) W. J. Ruley (Coroner.) M. D.
May 21, 1916 (Address) 1637 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery DATE OF BURIAL, May 23 1916

20-UNDERTAKER Robt Johnson ADDRESS 1442 N Broadway

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95291 C95291

CERTIFICATE OF DEATH

97

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 1614 McCulloh St.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Carrarita Black

(Residence in Baltimore: No. 1614 McCulloh St.: 65 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown, 1834 (Month) (Day) (Year)

7-AGE: 82 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Spinster
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Carroll Co Md.

PARENTS

10-NAME OF FATHER: Evan Black

11-BIRTHPLACE OF FATHER (State or country): Carroll Co Md.

12-MAIDEN NAME OF MOTHER: Eleanor Todd

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. John Black
(Address) Randallstown Md.

15. Filed MAY 22 1916, 191 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 21st, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14th, 1916, to May 21st, 1916, that I saw h[illegible] alive on May 21st, 1916, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncho

..... (Duration) ..... yrs. 5 mos. ..... ds

Contributory (SECONDARY): Pneumonia Acute

..... (Duration) ..... yrs. 5 mos. ..... ds.

(Signed), Cecil L. Stewart, M. D.

....., 191 (Address) 1727 W 23rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Elmwood Ridge Cemetery — DATE OF BURIAL: May 23, 1916

20-UNDERTAKER: Jas R Weet — ADDRESS: Sykesville Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95292 64 C95292

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 W. Mulberry ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene H. Browne

(Residence in Baltimore: No. 1211 W. Mulberry St.: 50 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, February (Month) 11 (Day), 1837 (Year)

7-AGE, 79 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Travelling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 613

9-BIRTHPLACE, (State or Country). Portsmouth Va

PARENTS.

10-NAME OF FATHER, Benjamin Browne

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Sarah M. Wilson

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Eda L. Browne

(Address) 1211 W. Mulberry St

15-

Filed MAY 22 1916 HARRY C. ANDREW Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1916, to May 21 1916, that I saw him alive on May 20 1916, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows: Cerebral apoplexy, causing (Hemiplegia)

(Duration) ... yrs. 3 mos. 19 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) A. Lowe D. Haring M. D.

May 22, 1916. (Address) 1425 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, May 23, 1916

20-UNDERTAKER Chas. T. Black — ADDRESS 1201 W. Mulberry St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95293

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95293

CERTIFICATE OF DEATH.

× 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard a. Kelly ST. Hosp. WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm B. Dawson.

(Residence in Baltimore: No. Howard A Kelly Hospital St.; yrs. 1 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	married

6-DATE OF BIRTH, June (Month) 16 (Day), 1857 (Year)

7-AGE,	If LESS than 1 day,
58 yrs. 11 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Capitalist
(b) General nature of industry, business, or establishment in which employed (or employer): 605

9-BIRTHPLACE, (State or Country). England

PARENTS.

10-NAME OF FATHER, Joseph Dawson

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Harriet Stone

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm B. Dawson

(Address) Jacksonville Fla.

15- Filed MAY 22 1916 191.... HARRY C. ANDREWS Deputy Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 191 6, to May 21 191 6, that I saw h[illegible]alive on May 21 191 6, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 6 mos. 12 hrs. ds.

CONTRIBUTORY (Secondary) Carcinoma neck

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) William A. Reed M. D.

May 22 191 6 (Address) U.S. Express Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 mos. 19 ds. In the State 1 mos. 19 ds.

Where was disease contracted, if not at place of death? Jacksonville Fla.

Former or usual residence Jacksonville Fla.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Jacksonville Fla	May 23 1916
20-UNDERTAKER	ADDRESS,
Chas. G. Black	120 N. Hulbert

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95294 HEALTH DEPARTMENT--CITY OF BALTIMORE C95294

CERTIFICATE OF DEATH

28

REGISTERED NO. C .....

(PLACE OF DEATH

CITY OF BALTIMORE (No. 3615 Falls Road ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella M Shipley

(Residence in Baltimore: No. 3615 Falls Road ST.: 27 yrs. 5 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. (Month) 15 (Day) 1888 (Year)

7-AGE: 27 yrs. 5 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

9-BIRTHPLACE (State or country): Falls City Md.

PARENTS

10-NAME OF FATHER: H m. B. Shipley

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Alice A. Marton

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H m. B. Shipley

(Address) 3615 Falls Road

15. MAY 22 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1914 to May 21 1916 that I saw h-4 alive on May 20, 1916 and that death occurred, on the date stated above, at 5 4 m.

The CAUSE OF DEATH* was as follows:

Tuberculus Meningitis

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (SECONDARY) Chronic Pulmonary

(Duration) 7 yrs. ..... mos. ..... ds.

(Signed) Harry C. Alger M. D.

May 22 1916 (Address) 3649 N Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Stone Chapel | DATE OF BURIAL: May 24 1916

20-UNDERTAKER: Horace Burgee & Son | ADDRESS: 363 Falls Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95295

CERTIFICATE OF DEATH.

79 C95295

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3850 Falls Road ST.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Pryce

(Residence in Baltimore: No. 3850 Falls Road St.; 45 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct. (Month) 23, (Day) 1840 (Year)

7-AGE,	If LESS than 1 day,
75 yrs. 6 mos. 28 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Smith

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rosanna Musbaum

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene C. Evans

(Address) 3850 Falls Road

15- Filed MAY 22 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21, (Day) 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 19th 1916, to May 21 1916, that I saw her alive on May 20 1916, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ....yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion Pneumonia

(Duration) ....yrs. mos. 3 ds.

(Signed) Vernon Kelly M. D.

5/22nd, 191.6 (Address) 3705 Falls Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Jessup's Balto. Co. | DATE OF BURIAL, May 23 1916.

20-UNDERTAKER Horace Burgee & Son | ADDRESS 3631 Falls Road

Spec.—8-24-14—M. & T.—2000 Bks.

C95296 HEALTH DEPARTMENT—CITY OF BALTIMORE C95296

CERTIFICATE OF DEATH. 37

1-PLACE OF DEATH Nursery & Child's Hosp. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Franklin & Schroeder Sts. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russel Wood

(Residence in Baltimore: No. No Usual St.; ..... yrs., ... mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Dec. (Month) 21 (Day), 1914 (Year)

7-AGE, 1 yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. C. Monk

(Address) Franklin & Schroeder

15- MAY 22 1916 HARRY C. ANDREW Filed....., 191..... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 30 1916, to May 21 1916, that I saw h m alive on May 21 1916, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Collapse following
Convulsions
since admitted.

(Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Pyelitis + Cong. Lues

(Duration) 1 yrs. 5 mos. ..... ds.

(Signed) Edw. J. Friedmwald M. D.

May 21, 1916 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 21 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 23, 1916
20-UNDERTAKER George J Smith	ADDRESS 1000 Lafayette Ave

Important. See instructions on back of certificate.

C95297

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

C95297

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 872 Columbia Ave ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles George Schanken

(Residence in Baltimore: No. 872 Columbia Ave ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 21 (Day), 1915 (Year)

7-AGE: ... yrs. ... mos. ... ds. If LESS than 1 day, 15 hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Ernst Schanken

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Rida Goodrich

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernst Schanken

(Address) 872 Columbia Ave.

15. MAY 22 1916

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1916 to May 22 1916, that I saw him alive on May 21, 1916 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Anencephalus

(Duration) ... yrs. ... mos. 1a ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Morley Hoag M. D.

May 22 1916 (Address) 729 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL, OR REMOVAL: Western Cemetery

DATE OF BURIAL: May 23, 1916

20-UNDERTAKER: Geo D Smith

ADDRESS 1000 E Fayette st

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

095298 095298

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 623 Forney Alley. ST.: 4 WARD) REGISTERED No. C.

2-FULL NAME George Washington.

(Residence in Baltimore: No. 623 Forney Alley. St.; yrs. 30 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH, July (Month) 4 (Day), 1845 (Year)

7-AGE, 70 yrs. 10 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): 506

9-BIRTHPLACE, (State or Country), Kent Co, Md.

PARENTS.

10-NAME OF FATHER, Alexander Washington

11-BIRTHPLACE OF FATHER (State or Country), Kent Co, Md.

12-MAIDEN NAME OF MOTHER Charlotte E. Brown.

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Nattie Washington wife)
(Address) 623 Forney Alley

15-MAY 23 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquery (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Fatular heart disease
induced by Chronic Rheumatism
and Asthma.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Albert L. Lonscall M. D.
(Coroner)
May 20, 1916 (Address) 512 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
National Ct	May 23, 1916
20-UNDERTAKER	ADDRESS
A. L. Brown & Son	104 N. Monty

CAUSE OF DEATH must be plainly written, and state if any of the property is important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(95299) 8 (95299)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Prospect dead at St. Johns ward), Female Hospital

REGISTERED No. C 74

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Troger

(Residence in Baltimore: No. 1136 Hanlick Alley St.; yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	widower

6-DATE OF BIRTH, May (Month) 27 (Day), 1873 (Year)

7-AGE, 42 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Glass-blower
(b) General nature of industry, business, or establishment in which employed (or employer): West Virginia Co, bar

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jacob Troger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Kate Werwartz

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Troger

(Address) 1136 Hanlick Alley St

15- MAY 23 1916 [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) about 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

Dilatation (Duration) yrs. mos. 1 ds.

(Signed) James M Fenton M. D. (Coroner.)

May 22 1916 (Address) 700 E Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	May 25, 19.16.
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95300

CERTIFICATE OF DEATH.

54

C95300

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 N. Broadway St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Wurtzburger

(Residence in Baltimore: No. 1036 N. Broadway St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 3 (Day), 1879 (Year)

7-AGE. 37 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Life Insurance
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael Wurtzburger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Jeannette Kaas

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. M. Wurtzburger

(Address) 1036 N. Broadway

15- Filed MAY 23 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1916 & May 19 1916, to May 12 1916 May 20 1916, that I saw him alive on May 20, 1916, and that death occurred, on the date stated above, at 12 M

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(Duration) About 6 mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) John A. Luetscher M. D.

May 21, 1916 (Address) John A. Luetscher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Cem. DATE OF BURIAL, May 23 1916.

20-UNDERTAKER J. Thomas Co ADDRESS 1611 Linden Ave

Important: See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

095301 174 095301

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St.: 24 WARD)
2-FULL NAME John J. Bohan
(Residence in Baltimore: No. 1226 Lurman St.,
St.; yrs., fifty mos. ds.)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 12 1870
Dec ~~26~~ ~~1~~ ~~1916~~
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
46 yrs. mos. ds.	hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, J. J. Bohan
11-BIRTHPLACE OF FATHER (State or Country), Balto
12-MAIDEN NAME OF MOTHER, Mary McGurk
13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Chas. Tilson
(Address) ~~1207~~ Carlington Rd

15-MAY 23 1916 Filed ..... 191.....
MORRIS E. KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest May 24
(Inquest, ~~autopsy or inquiry.~~)
thereon and from the evidence obtained by said Inquest,
topsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Probable fracture Skull
Caused by being struck
by a Ford (Duration) in Bartlett & Maynadier
CONTRIBUTORY (Secondary) Pan Lobar Pneumonia
(Duration) yrs. mos. ds.
(Signed) W. T. Ruby M. D.
(Coroner.)
May 22, 1916. (Address) 1637 Lamy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? Bartlett & Maynadier
Former or usual residence 1222 W Cross St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	May 23, 1916
20-UNDERTAKER, James Degnan & Son	ADDRESS 1000 S. Paca St

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95302 — 132 — C95302

REGISTERED NO. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 21 WARD)

1-FULL NAME Clara Elizabeth Newton

(Residence in Baltimore: No. 1138 Cleveland St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) married

6-DATE OF BIRTH, [illegible] Dec Nov, 1 (Month) (Day) (Year)

7-AGE, About 17 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Button maker
(b) General nature of industry, business, or establishment in which employed (or employer)..... H&D

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, H L. Ruskell

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER F Stickel

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paper Given by Undertaker

(Address) 1008 S. Paca

15-FILED MAY 23 1916, 191.. ROBERT . KRAUTH, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest May (Inquest, ~~autopsy or inquiry~~.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) did find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicaemia
Peritonitis Caused by
ruptured tubo Ovarian
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. T. Riley M. D. (Coroner)

May 22, 1916 (Address) 1637 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

1138 Cleveland St.

Former or usual residence 1138 Cleveland St.

19-PLACE OF BURIAL, OR REMOVAL, London Park Cemetery — DATE OF BURIAL, May 24, 1916

20-UNDERTAKER, James Dignan & Son — ADDRESS 1008 S. Paca St.

Caution: Do not bury or remove the dead body without a permit. Each attendant at birth is required to report it. Each undertaker is required to report every death which he is called to prepare for burial. Each physician is required to report every death which he has attended during the last illness of the deceased. Each coroner is required to report every death which he investigates. Each keeper of a lodging house or boarding house is required to report every death which occurs in his house. Each householder is required to report every death which occurs in his family. Each person who has charge of a dead body is required to report every death which occurs in his charge. Each person who has charge of a dead body is required to report every death which occurs in his charge. Each person who has charge of a dead body is required to report every death which occurs in his charge

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95303 | 20 C95303

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 316 E. 25th St. St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward E. Dougherty

(Residence in Baltimore: No. 316 E. 25th St. St.; 19 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 6th (Month) (Day), 1866 (Year)

7-AGE, 49 yrs. 9 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Proofreader 97
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sun Paper

9-BIRTHPLACE, (State or Country), Wilmington Del.

PARENTS.

10-NAME OF FATHER, Edw. J. Dougherty

11-BIRTHPLACE OF FATHER (State or Country), Del.

12-MAIDEN NAME OF MOTHER Mary Jeffers

13-BIRTHPLACE OF MOTHER (State or Country), Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. L. Dougherty

(Address) 316 E. 25th St

15 MAY 23 1916 Filed..... 191.....

ROBERT . BRAUNE. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to May 20th 1916, that I saw h.. alive on May 19th 1916, and that death occurred, on the date stated above, at 4 20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

about 12 yrs. — mos. — ds. (Duration)

CONTRIBUTORY (Secondary)

..... (Duration) 1 yrs. 7 mos. ..... ds.

(Signed) W. T. Fee M. D.

May 21, 1916. (Address) 12 E. 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL. May 23, 1916.

20-UNDERTAKER E. M. Mitchell & Co.

ADDRESS 12 W. Fayette

Important. See instructions on back of certificate.

C95304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C95304

(PLACE OF DEATH

CITY OF BALTIMORE (No. 1513 W. 36 1/2 St.; 13 WARD) REGISTERED No. C

1-FULL NAME Mary J. Cole

(Residence in Baltimore: No. 1513 W. 36 1/2 St.; yrs. 10 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

None

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH. March 3, 1838
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
78 yrs. 2 mos. 19 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE. (State or Country). Balto Co Md

PARENTS.

10-NAME OF FATHER. Thomas Tyson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs R. J. Cole

(Address) 1513 W. 37 1/2

MAY 23 1916 Filed ..... 191.....

ROBERT . KRAUTER
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Thos. Morrison M. D.
(Coroner.)

May 22 1916 (Address) 3632 Reisterstown

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
New Freedom Pa.	May 24 1916
20-UNDERTAKER	ADDRESS
J. L. Marshall	3539 Falls Rd

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95305 C95305

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Barker

(Residence in Baltimore: No. Little Sisters of the Poor St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 10 —, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Maine Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Robert Barker

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Annie Barkeny

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

Filed MAY 23 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No Record 191, to 191,

that I saw her alive on May 14 1916,

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of heart

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H.H. Warner M. D.

May 20, 1916. (Address) 1133 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Little Sisters of the Poor.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, May 23 1916.

20-UNDERTAKER J.C. Middefield

ADDRESS 917 Greenmount Ave.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95306 C95306

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Mace ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Cole

(Residence in Baltimore: No. 2410 Mace St.; 34 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ..., 1882
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
34 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hay Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Alex H. Cole

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane C. Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane C Cole

(Address) 2410 Mace St

15- Filed MAY 23 1916 ROBERT KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 30 1916, to May 20 1916, that I saw him alive on May 20 1916, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Cant Phthisis
Incipiente
Indefinite
(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) R Garland Ashwell M. D.

May 22, 1916. (Address) 1534 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	May 23, 1916.
20-UNDERTAKER	ADDRESS
John N Toadvine	142 W Fayette St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C95307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C95307

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 W. Fayette St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alverta Maloney Reese

(Residence in Baltimore: No. 1026 W. Fayette St.; 77 yrs., 11 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, June 9th, 1838 (Month) (Day) (Year)

7-AGE, 77 yrs. 11 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Jacob Reese

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Alverta Maloney

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Reese

(Address) 1026 W. Fayette St.

15- MAY 23 1916 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1" 1916, to May 23" 1916, that I saw h.. alive on May 23" 1916, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) ... yrs. ... mos. 1 ... ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) ... yrs. ... mos. 2 1 ... ds.

(Signed) Wm. J. F. Blayney M. D.

May 23, 1916 (Address) 110 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, May 24, 1916

20-UNDERTAKER George J. Smith — ADDRESS 700 W. Fayette St.

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164

C95308

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Fort Carroll Patapsco Ave ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Wilmer Nyshan

(Residence in Baltimore: No. 1734 St Paul St

30 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, Sept (Month) 3 (Day), 1875 (Year)

7-AGE, 39 yrs. 8 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Manager of Gift
(b) General nature of industry, business, or establishment in which employed (or employer)..... S. Hamson Co.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thom Nyshan

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Amelia Agnew

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thom Nyshan

(Address) 1734 St Paul St

15- MAY 23 1916 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Henry Lyon (Coroner.) Med. Ex. M. D.

May 21, 1916 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Green Hill Md

DATE OF BURIAL, May 24th, 1916

20-UNDERTAKER Chas E Pomeck

ADDRESS 702 Madison Ave

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Omission of important facts may be punished by fine. See instructions on back of certificate.

C95309

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95309

CERTIFICATE OF DEATH

28

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2219 Druid Hill Ave St.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Jean Amos

(Residence in Baltimore: No. 2219 Druid Hill Ave St.: 45 yrs. 2 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single.

6-DATE OF BIRTH: March 4, 1871 (Month) (Day) (Year)

7-AGE: 45 yrs. 2 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Public School

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: James A Amos

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Laura J Woods

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Laura J Amos

(Address) 2219 Druid Hill Ave

15- FILED MAY 23 1916 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 22, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1916, to May 22 1916, that I saw her alive on May 21, 1916, and that death occurred, on the date stated above, at 10a. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 ? yrs. ..... mos. ..... ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Samuel Wolman M.D.

May 22, 1916. (Address) 2407 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: May 24, 1916

20-UNDERTAKER: Josiah Syfer ADDRESS: 1600 N North ave

NOTICE: Any person who shall wilfully make any false statement in the above certificate shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding $100.00 or by imprisonment not exceeding 30 days, or both. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Marie Kyzour.

Spec.—8-24-14—M. & T.—2000 Blks.

Marie Kyzour

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95310 C95310

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Collington Ave. St.; 7 WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Kyzour

(Residence in Baltimore: No. 913 N. Collington Ave. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 25th, 1861 (Month) (Day) (Year)

7-AGE, 55 yrs. 1 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home.

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Jacob Lupik

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Marie Hranac

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Mc. Kyzour

(Address) 913 N. Collington ave.

15-MAY 23 1916 ROBERT . KRAUTER, Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to May 21 1916, that I saw h[illegible] alive on May 21 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

Clinical Diagnosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) W. H. [illegible] M. D.

May 22, 1916 (Address) 1200 Collington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 24, 1916

20-UNDERTAKER Leo M Finn — ADDRESS 811 N Wolfe

Important. See instructions on back of Certificate.

C95311

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95311

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No 553 N. Bidde St) (WARD 17)

Registered No. C 91

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosetta Moseley

(Residence in Baltimore: No. 553 N. Bedsile St.; 13 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: (Month) unknown (Day) , 1903 (Year)

7-AGE: 13 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): School Girl

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Jennie Mosley

(Address) 553 N Bedsile St

MAY 23 1916 Filed , 191

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 21 (Day) , 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1916 to May 21 1916.
that I saw her alive on May 20 1916.
and that death occurred, on the date stated above, at 3 1/2 P. m.
The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 14 ds.

Contributory (SECONDARY) Broncho-Pneumonia

(Duration) yrs. mos. 14 ds.

(Signed) Dr. V Fitzgerald M. D.

5/22, 1916 (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: 5/23, 1916

20-UNDERTAKER: Samuel J Kemsley

ADDRESS: 578 N Bedsile

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95312 C95312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 N Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Assit Baer

(Residence in Baltimore: No. 728 N. Carey St.; Sixty yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... June (Month) 10 (Day), 1846 (Year)

7-AGE, 69 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Abraham Lowenthal

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Langheimer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ivy F. Rosenburg

(Address) Levant Ter

15-

Filed ....., 191.... MAY 23 1916

ROBERT KRAUTER, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 1916, to May 21 1916, that I saw her alive on May 21 1916, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Senility

.....

.....

..... (Duration) about 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis with bronchopneumonia

..... (Duration) about 6 yrs. mos. ds.

(Signed) [illegible] M. D.

5/22/16 191... (Address) 123 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, May 23, 191.6.

20-UNDERTAKER Hart & Sondheim — ADDRESS 118 W. Mt. Royal

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95313 C95313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1243 S Decker Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Piotr Miezwinski

(Residence in Baltimore: No. 1243 S Decker St.; 5 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 5, 1910 (Month) (Day) (Year)

7-AGE, 6 yrs. 4 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Andrew Miezwinski

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Josephine Kowczyna

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Miezwinski

(Address) 1243 S Decker Ave

15- Filed MAY 23 1916 ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to May 22 1916, that I saw h[illegible] alive on May 22 1916, and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

Cert

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 6 yrs. mos. ds.

(Signed) Leo Kaluzny M. D.

5/22/16, 1916... (Address) 1116 S Kenwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem — DATE OF BURIAL, May 24, 1916

20-UNDERTAKER Stephen Stalkowski — ADDRESS 108 Howard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95314 C95314

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 507 Cottage Ave. ; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Boone

(Residence in Baltimore: No. 567 Cottage ave St.; ..... yrs. Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, July (Month) 9 (Day), 1827 (Year)

7-AGE: 88 yrs. 10 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife,
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Walter B. Brooke.

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Anna Evans.

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Boone

(Address) 507 Cottage Ave

15- MAY 23 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21st (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 7th 1916, to May 21st 1916, that I saw her alive on May 20 1916, and that death occurred, on the date stated above, at 2-30 P. m.

The CAUSE OF DEATH* was as follows:

..... Bronchitis .....

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Robert Underhill M. D.

May 23rd, 1916. (Address) 7117 Hampden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel. DATE OF BURIAL, May 23, 1916

20-UNDERTAKER Liston V. Tuesselbaugh ADDRESS 2620 St Paul

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95315 C95315

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann Annex Nor 4th St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie N Camden

(Residence in Baltimore: No. 545 N. Fulton Ave. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, March (Month) 10 (Day), 1849 (Year)

7-AGE, 67 yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Isaac Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret J. Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Shirley

(Address) 1843 W Lexington St.

15 MAY 23 1916 ROBERT T. [illegible] Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1916, to May 23 1916, that I saw h[illegible] alive on May 22 1916, and that death occurred, on the date stated above, at 3:25 a.m.

The CAUSE OF DEATH* was as follows:

Clinical diagnosis of Carcinoma of D. stomach.

(Duration) do not know at least one or two years; yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M Bowman and Reed M. D.

May 23, 1916. (Address) 626 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence 545 N Fulton Ave

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, May 25, 1916.

20-UNDERTAKER W J Tucker & Son

ADDRESS North & Pa

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95316 C95316

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 N Stricker St.; 16 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Hartley.

(Residence in Baltimore: No. 1212 N Stricker St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, About 76 (Month), 1 (Day), (Year)

7-AGE, About 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ditto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Krolle

(Address) 1212 N Stricker St

15 MAY 23 1916 Filed, 191 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2nd 1916, to May 21st 1916, that I saw her alive on May 21st 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Apoplexy

(Duration) yrs. mos. 49 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edmund G. Shower M. D.

May 22, 1916. (Address) 1224 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 23, 1916

20-UNDERTAKER W. F. Gutmus Sons — ADDRESS Morgan

Dr Shower 1224 W North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95317 31 C95317

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Cor Forrest & Chase ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Effie De Ford

(Residence in Baltimore: No. St Francis Convent St.; 12 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... 9 ..... (Month) ..... (Day), 1904 (Year)

7-AGE,	If LESS than 1 day,
12 yrs. 6 mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), New York State

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Mother M. Frances .....

(Address) St. Frances Convent E. Chase St.

15- Filed MAY 23 1916 191.....

ROBERT KRAUSE
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1916, to May 1916, that I saw her alive on May 20 1916, and that death occurred, on the date stated above, at 4.10 P m.

The CAUSE OF DEATH* was as follows:

.....

Tubercular Peritonitis

.....

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mary F. Vaughan M. D.

May 23, 1916. (Address) 1028 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? St Francis Convent

Former or usual residence St Francis Convent

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Cross Cemetery	May 23, 1916
20-UNDERTAKER	ADDRESS
Felix B. Pye	1022 Mulberry St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95318 C95318

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 N. Broadway St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Shaw

(Residence in Baltimore: No. 928 North Broadway St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan 23, 1845
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
71 yrs. 4 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Akers

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ruth Walker

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm E. Shaw

(Address) 928 N. Broadway

15 MAY 23 1916 BOWLEY, KRAUTER, Burial Permit Clerks.

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1915, to May 22nd 1916, that I saw her alive on May 22 1916, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Tubercular Peritonitis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. B. Schwalka M. D.

5/23 1916 (Address) 877 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 26, 1916
20-UNDERTAKER Fickler & Fickler	ADDRESS 1739 E. Eager

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C95319 C95319

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Ensor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. C. Horten

(Residence in Baltimore: No. 928 Ensor St.; 1 yrs. 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, January 23rd, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. — ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, Charles L. Horten

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER Theresa A. Puls

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Charles L. Horten

(Address) 928 Ensor St.

15- MAY 23 1916 [illegible] KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1916, to May 23 1916, that I saw h[illegible] alive on May 22 1916, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Bernard Weiss M. D.

5/23 1916 (Address) 914 E. Biddle St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	May 24, 1916
20-UNDERTAKER	ADDRESS
Henry Hoeck Sons	1301 E Eager St

IMPORTANT. Read instructions on back of Certificate.

C95320 C95320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (DIV. 4 WARD) University Hospital ST.: (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barton Richardson

(Residence in Baltimore: No. University Hospital, St.: 13 days yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 10, (Day) 1890 (Year)

7-AGE, 26 yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer's Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Carroll Co Md.

PARENTS.

10-NAME OF FATHER, John N. Richardson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nannie Gray

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. N. Weer

(Address) Sykesville Md.

15- Filed MAY 23 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intercranial Hemorrhage, and Purulent Meningitis,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert D. Driscoll M. D.
(Coroner)

May 23, 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death University Hospital in the yrs. mos. 13 ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death? Sykesville, Md

Former or usual residence Sykesville Md.

19-PLACE OF BURIAL OR REMOVAL, Springfield Cemetery, Sykesville Md

DATE OF BURIAL, May 23, 1916

20-UNDERTAKER Jas. P. Weer

ADDRESS Sykesville, Md

CAUSE OF DEATH must be plainly written, and should be properly certified. Each question must be answered. Items 1 to 15 are important. See instructions on back of certificate.

095321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 095321

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 11 Deaver St. 19th WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Enoch Johnson

(Residence in Baltimore: No. 11 Deaver St. 4 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Negro	Married

6-DATE OF BIRTH, October 10, (Month) (Day) 1894 (Year)

7-AGE, 21 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), King William County Virginia.

PARENTS.

10-NAME OF FATHER, Thomas Johnson

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Rose Mary.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Enoch Johnson

(Address) 11 Deaver St. Baltimore

15- MAY 23 1916 HARRY C. ... Filed....., 191... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, (Month) (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(about) (Duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John F. Morrison M. D. (Coroner.)

May 24, 1916 (Address) 3432 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetary	May 24, 1916
20-UNDERTAKER Mr R A Elliott	ADDRESS 506 East-St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95322 C95322

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH Washington Apts REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mt Vernon + Washington Pl; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Williar

(Residence in Baltimore: No. Washington Apts St.; 64 yrs., 11 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June 22, 1851 (Month) (Day) (Year)

7-AGE, 64 yrs. 11 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... Lady (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, William A Williar

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Eliza —

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm F Cochran

(Address) Washington apts.

15- MAY 23 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 9 1916, to May 22 1916, that I saw her alive on May 21 1916, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Obstruct tract des rose

Angina pectoris

(Duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Dilatation of heart and

Asthma (Duration) yrs. 1 mos. — ds.

(Signed) Jul. mos. Friedmann M. D.

May 23, 1916 (Address) 10 E. Chas.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, May 24, 1916

20-UNDERTAKER Hoy Jenkins & Son Co — ADDRESS 11 E Lexington St

56

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95323 X 56 C95323

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot Infirmary ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Wally H. Hairston

(Residence in Baltimore: No. Union Prot Infirmary St.; ..... yrs., ... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, ... Dec ..... (Month) 15 ..... (Day), 1876 (Year)

7-AGE.	If LESS than 1 day, ...hrs. or.....min.?
39 yrs. 5 mos. 8 ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farmer & Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Henry Co. Va

PARENTS.

10-NAME OF FATHER, J. M. Hairston

11-BIRTHPLACE OF FATHER (State or Country). Henry Co. Va

12-MAIDEN NAME OF MOTHER Miss E. P. Hairston

13-BIRTHPLACE OF MOTHER (State or Country). Henry Co. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Col. Harden Hairston

(Address) Martinsville Va

15-

Filed MAY 23 1916 HARRY C. ANDREWS DEPUTY REGISTRAR-Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19 1916, to May 23 1916, that I saw h— alive on May 23 1916, and that death occurred, on the date stated above, at 2 PM m.

The CAUSE OF DEATH* was as follows:

Myocarditis (?)

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ? yrs. ..... mos. ..... ds.

(Signed) Barnes S. Clopton M. D.

May 23, 1916. (Address) Union Prot. Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 5 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Martinsville, Va

19-PLACE OF BURIAL OR REMOVAL, Martinsville Va — DATE OF BURIAL, May 23 1916

20-UNDERTAKER Henry W. Jeffries Sons Co — ADDRESS McCulloh & Orchard

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95324

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95324

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 151 S. Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther H. Roth

(Residence in Baltimore: No. 151 S. Robinson St.; ....yrs., ...mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 12 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Roth

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Hill

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Roth

(Address) 151 S. Robinson

15- Filed MAY 23 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1916 to May 22 1916, that I saw h[illegible] alive on May 22 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

.....

..... Stomach Carcinoma

..... (Duration) ....yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. M. Schwab M. D.

May 23, 191.6 (Address) 330 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, May 24 1916

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Important. See instructions on back of certificate.

C95325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C95325

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 520 Jasper. ST.: 17 WARD)

REGISTERED No. C.....

2-FULL NAME Ethel Sales.

(Residence in Baltimore: No. 520 Jasper St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 11, (Day) 1904 (Year)

7-AGE, 1 yrs. 6 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ira Blocker.

11-BIRTHPLACE OF FATHER (State or Country) South Carolina

12-MAIDEN NAME OF MOTHER Coral Sales.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Coral Sales

(Address) 520 Jasper St

15- Filed MAY 23 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abs Colitis.

(Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Edward Smith M. D.

May 22 1916. (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, May 24 1916

20-UNDERTAKER Feby B. T. & E.

ADDRESS 102 E Mulberry

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95326 C95326

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 E 30th, ST.; 9 WARD)

REGISTERED NO. C

2-FULL NAME Mary E Larkin

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 728 E 30th st ST.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, July (Month) 7th (Day), 1852 (Year)

7-AGE, 63 yrs. 10 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Ashton

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Eliza Rehmond[illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David H Larkin

(Address) 2056 Kennedy ave

15- Filed MAY 23 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 22 1916, that I saw her alive on May 21 1916, and that death occurred, on the date stated above, at 11.50a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas Gland (Right) Liver Metastases

(Duration) 3 (three) mos. ds.

CONTRIBUTORY (Secondary) No operation "

(Duration) yrs. mos. ds.

(Signed) Harry Ryder M. D.

May 22, 1916 (Address) 1[illegible] E Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, May 24th, 1916

20-UNDERTAKER George Schilling & Bro — ADDRESS 1126 E Monument

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95327 C95327

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 Harrison, St.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucke Berkowitz

(Residence in Baltimore: No. 231 Harrison St.; 19 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 74 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mark
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Berkowitz

(Address) 231 Harrison st

15- MAY 23 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1915, to May 21 1916, that I saw h Er alive on May 21 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as followa:

....., Ca.....
....Carcinoma of Liver,.....
....Chronic Jaundice.....
..... (Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)
..... (Duration) yrs. mos. ds.

(Signed) M. Alleinstein M. D.

May 23, 1916. (Address) 1814 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 231 Harrison st.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, May 24 191...

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1107 E Balto St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95328 170 C95328

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1436 Covington ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Walter

(Residence in Baltimore: No. 1436 Covington St.; 35 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 24, 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. 2 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Schell

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto Walter Jr.

(Address) 1436 Covington St.

15 MAY 23 1916 Filed ..., 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 25 1916, to May 21 1916, that I saw her alive on May 21 1916, and that death occurred, on the date stated above, at 7.05 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ... yrs. ... mos. 27 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (Duration) ... yrs. ... mos. 27 ds.

(Signed) Sidney H. Streett M. D.

May 23, 1916 (Address) 431 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, May 24 1916.

20-UNDERTAKER H. and M. G. Flynn ADDRESS 1422 Light St.

Important. See instructions on back of certificate.

C95329

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95329

1-PLACE OF DEATH

REGISTERED No. C 91

CITY OF BALTIMORE (No. 1452 Henry ST. 24 WARD)

2-FULL NAME Mary Noon

(Residence in Baltimore: No. 1452 Henry St.)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

yrs. mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH May 9, 1916
(Month) (Day) (Year)

7-AGE ... yrs. ... mos. 14 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md (City)

PARENTS

10-NAME OF FATHER Charles Noon

11-BIRTHPLACE OF FATHER (State or country) N. J.

12-MAIDEN NAME OF MOTHER Annie Garvey

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Annie Noon

(Address) 1452 Henry St.

Filed MAY 23 1916, 191...

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 23, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1916, to May 23 1916,
that I saw h[er] alive on May 23, 1916,
and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. ... mos. 12 ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) George L. Deane M.D.

5/23, 1916 (Address) 721 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St. Patricks Cem.

DATE OF BURIAL May 24, 1916

20-UNDERTAKER P. F. McDermott

ADDRESS 1422 Light St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30

C95330

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christiana Higgs.

(Residence in Baltimore: No. 2609 Hampden Ave St.; 1 yrs., 5 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December 28, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... No
(b) General nature of industry, business, or establishment in which employed (or employer)..... No

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Burch Higgs

11-BIRTHPLACE OF FATHER (State or Country), Harrisonburg Va.

12-MAIDEN NAME OF MOTHER Nina Bennett

13-BIRTHPLACE OF MOTHER (State or Country), Harrisonburg Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Burch Higgs

(Address) 2609 Hampden Ave.

15- Filed MAY 23 1916 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23rd, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 18th 1916, to May 23rd 1916, that I saw her alive on May 23rd, 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis.

(Duration) ..... yrs. ..... mos. 1 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank E Shipley M. D.

May 23rd, 1916. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 1 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 2609 Hampden Ave

19-PLACE OF BURIAL OR REMOVAL, Harrisonburg Va — DATE OF BURIAL, May 24, 1916.

20-UNDERTAKER William Cook — ADDRESS 502 E North ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95331

CERTIFICATE OF DEATH.

120

C95331

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 Ramsey ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Riley Hunter

(Residence in Baltimore: No. 1837 Ramsey St.; 38 yrs., 4 mos. 8 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (*Write* the word.) married

6-DATE OF BIRTH, ~~May~~ Jan 15, 1877 (Month) (Day) (Year)

7-AGE, 38 yrs. 4 mos. 8 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, James G. Maben

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Carrie Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Hunter

(Address) 1837 Ramsey St.

15-MAY 23 1916 Filed....., 191.... HARRY [illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to May 23 1916, that I saw h[illegible] alive on May 22 1916, and that death occurred, on the date stated above, at 5.45 a.m.

The CAUSE OF DEATH* was as follows:

Brights Disease

about (Duration) 1 yrs. X mos. X da.

CONTRIBUTORY (Secondary) Uremia ? Exhaustion

(Duration) X yrs. 2 mos. X da.

(Signed) T. B. Wilson M. D.

5-23, 1916. (Address) 1934 Wilkens

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR ~~REMOVAL~~, London Park — DATE OF BURIAL, May 25, 1916

20-UNDERTAKER McClain Cook — ADDRESS 602 E North Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95332 C95332

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Robert Garrett Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Moore

(Residence in Baltimore: No. 610 Bartlett Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White.	Single

6-DATE OF BIRTH, October (Month) 17 (Day), 1915 (Year)

7-AGE, ...yrs. 7 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: No
(b) General nature of industry, business, or establishment in which employed (or employer): No

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Robert N. Moore

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Susie Miller

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert N. Moore

(Address) 610 Bartlett Ave.

15- MAY 23 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 14 1916, to May 22 1916, that I saw h[illegible]alive on May 22 1916, and that death occurred, on the date stated above, at 7.20 a. m.

The CAUSE OF DEATH* was as follows:

Acute enteritis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) ....yrs. 4 mos. ....ds.

(Signed) E. Stella Freeman M. D.

May 23, 191... (Address) 2010 Harlem

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. ....ds. In the State 2 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 610 Bartlett Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, May 25 1916

20-UNDERTAKER Wm Cook ADDRESS 302 E North

Important. See instructions on back of certificate.

C95333 C95333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] St.: St josephs Hospital WARD) 8

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter MacKinzie

(Residence in Baltimore: No. 1633 N Montford ave St.; yrs., 19 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 26 (Day), 1897 (Year)

7-AGE. 19 yrs. mos 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk in tobacco store
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Joseph MacKinzie

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Elizabeth Pepperton

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Elizabeth MacKinzie
(Informant).....
(Address) 1633 N Montford ave

15- Filed MAY 23 1916, 191.... HARRY J. ANDERSON Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day) 191, 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquire (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) Inquire find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
Chronic Instertitial Nephritis.
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
(Duration).....yrs.....mos.....ds.

(Signed) J. Fred Faustley (Coroner.) M. D.
101... (Address) N E District

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the City I State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence St Joachim Hospital

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 24, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95334 HEALTH DEPARTMENT—CITY OF BALTIMORE C95334

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 N. Washington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Iona Ethel Steigerwald

(Residence in Baltimore: No. 509 N. Washington St. 15 yrs. 3 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 7, 1901
(Month) (Day) (Year)

7-AGE, 15 yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm. J. Steigerwald

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Josephine Hasson Minnick

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Steigerwald

(Address) 509 N. Washington St

15-MAY 23 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1916, to May 22 1916, that I saw her alive on May 21 1916, and that death occurred, on the date stated above, at 9 15 A m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY. (Secondary) Progressive Cardiac Asthenia

(Duration) ....yrs. ....mos. 7 ds.

(Signed) Edward E. Jacobs M. D.

5/22, 191.6 (Address) 411 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, May 25, 1916

20-UNDERTAKER Christian Miller — ADDRESS 233 Jefferson St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95335

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C95335

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N. Luzerne Av. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Müller

(Residence in Baltimore: No. 609 N. Luzern Ave St.; 68 yrs., 7 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct (Month) 9 (Day), 1847 (Year)

7-AGE,	If LESS than 1 day,
68 yrs. 7 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, (Don't Know first Name)

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Müller

(Address) 609 N. Luzerne Av

15- MAY 23 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1916, to May 21 1916, that I saw h er alive on May 21 1916 and that death occurred, on the date stated above, at 9.25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 2 yrs. 7 mos. 15 ds.

(Signed) Louis Vogel M. D.

May 23, 1916 (Address) 1601 E. Mount

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St Matthews Cemetery	May 25, 1916

20-UNDERTAKER	ADDRESS
Christian Miller	230 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95336 C95336

CERTIFICATE OF DEATH.

81

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 E. Catherine ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth M. McKnight

(Residence in Baltimore: No. 18 E Catherine St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 5 (Day), 1865 (Year)

7-AGE, 50 yrs. 10 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Laurent Bussle

11-BIRTHPLACE OF FATHER (State or Country), New Orleans

12-MAIDEN NAME OF MOTHER Eliza A Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter McKnight

(Address) 18 E Catherine St.

15-MAY 23 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916, to May 22 1916, that I saw h[illegible] alive on May 21 1916, and that death occurred, on the date stated above, at 8.50 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) E. B. Britton M. D.

May 23, 1916. (Address) 1711 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, May 25 1916

20-UNDERTAKER Chas. P. Crowe & Son ADDRESS 1181 W. Mt. Royal Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—5000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95337 91 C95337

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Genl. Hosp. St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cristopher Shaw.

(Residence in Baltimore: No. 526 Hollins St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, April (Month) 19 (Day), 1828 (Year)

7-AGE 88 yrs. 1 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel Keeper

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, Christopher Shaw

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Julia ?

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Rose Moody

(Address) York Rd. Govans

15- MAY 24 1916 Filed ..... 191 ROBERT , KRAUTH, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1916, to May 23 1916, that I saw h[illegible] alive on May 23 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

May 23, 1916 (Address) W. Genl. Hosp.

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 526. Hollins St.

19-PLACE OF BURIAL OR REMOVAL, Shaw Cathedral

DATE OF BURIAL, May 26., 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C95338

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Burgundy ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Hoenstig

(Residence in Baltimore: No. 1011 Burgundy St.; 32 yrs., 7 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Oct. (Month) 7 (Day) 1883 (Year)

7-AGE, 32 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeper

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Hoffmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Oppitel

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H. Hoenstig

(Address) 1011 Burgundy St.

15-MAY 24 1916 ROBERT J. KRAUTHER, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19 1916, to May 23 1916, that I saw h[illegible] alive on May 22 1916, and that death occurred, on the date stated above, at 12 10 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) 1 ds.

(Signed) J. M. Dillenett M. D.

May 23, 1916 (Address) 621 Columbia Ave

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 26, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E. Oath

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95339

CERTIFICATE OF DEATH

150

C95339

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1902 Harlem Ave ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Woolfenden

(Residence in Baltimore: No. 1902 Harlem Ave St.; ... yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH May (Month) 22, 1916 (Day) (Year)

7-AGE ... yrs. ... mos. 1 ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) City

PARENTS

10-NAME OF FATHER Edmond E Woolfenden

11-BIRTHPLACE OF FATHER (State or country) City

12-MAIDEN NAME OF MOTHER Estella M. Hulse

13-BIRTHPLACE OF MOTHER (State or country) City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. E. Woolfenden

(Address) 1902 Harlem Av.

15. Filed MAY 24 1916 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 22 1916, to May 23 1916, that I saw h[illegible] alive on May 23, 1916, and that death occurred, on the date stated above, at 1.20 P. m. The CAUSE OF DEATH* was as follows:

Failure of Foramen Ovale to Close

(Duration) ... yrs. ... mos. 1 ds

Contributory (SECONDARY) Hypostatic Congestion

(Duration) ... yrs. ... mos. 1 ds.

(Signed), J. L. Hooper M. D.

May 23, 1916 (Address) 917 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. | In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Baltimore Cemetery | DATE OF BURIAL May 24, 1916

20-UNDERTAKER Josiah Sykes | ADDRESS 1600 W North Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95340

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C95340

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1577 Clifton ave ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emelia Blouse

(Residence in Baltimore: No. 1577 Clifton ave St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Oct (Month) 24 (Day) 1818 (Year)

7-AGE: 97 yrs. 6 mos. 29 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Phillip Baker

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katherine Reitz

(Address) 1577 Clifton Ave

MAY 24 1916 Filed ....., 191-

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 '16, to, May 23 1916, that I saw her alive on May 22 1916, and that death occurred, on the date stated above, at 5.25 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY): Mitral Stenosis (Failing Compensation)

(Duration) 1 yrs. mos. ds.

(Signed) Wm J Burgard M. D.

5/23/16, 191.. [Address] 2108 N Fulton ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Freedom Pa

DATE OF BURIAL: May 25 1916

20-UNDERTAKER: Josiah Sypher

ADDRESS: 1600 N North ave

BLANK SPACES TO BE FILLED IN Plain letters, so that it may be properly classified. LARGE MEASUREMENT OF DEATH IS very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

095341 40 095341

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 415 N Central Ave ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Krueter

(Residence in Baltimore: No. 415 Central Ave St.; 3 0 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: April (Month) 12 (Day), 1842 (Year)

7-AGE: 74 yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Henry Emmid

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Margaret Peter

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louie Vendmunt

(Address) 415 N Central Ave

15 MAY 24 1916 Filed ..... 191..

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 5 (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1916, to, May 22nd 1916, that I saw h.. alive on May 22nd 1916, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach
Clinical Diagnosis

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Hill Wells M. D.

May 24 1916. [Address] 209 August

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Mathew — DATE OF BURIAL: May 25, 1916

20-UNDERTAKER: Josiah Sifford — ADDRESS: 1600 W North Ave

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95342 64 C95342

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 E. Fayette ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredericka Blomeier

(Residence in Baltimore: No. 1311 E. Fayette St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Jan. 18th, 1834 (Month) (Day) (Year)

7-AGE, 82 yrs. 4 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Hiller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Carrie Stein

(Address) 1311 E. Fayette St.

15 MAY 24 1916 ROBERT BRAUTER
Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1916, to May 22 1916, that I saw her alive on May 21 1916, and that death occurred, on the date stated above, at 10 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) John D. Heiss M. D.

May 23 191 6 (Address) 936 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, May 25th, 1916.

20-UNDERTAKER H. Sander Sons

ADDRESS 1710 E. Lexington St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Lorine Burton

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95343

CERTIFICATE OF DEATH.

64

C95343

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 N. Madeira ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorimr Burton

(Residence in Baltimore: No. 100 N. Madeira St.; 2 yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month), (Day), 1882 (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), West Indies

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Newman

(Address) 234 S. Bethel st

15- Filed MAY 24 1916, 191.....

ROBERT . KRAUTH, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22nd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20th 1916, to May 22nd 1916, that I saw her alive on ... 1916, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Jacob L. Ulmann M. D.

5-22, 1916 (Address) 30 S. Bilvay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem. DATE OF BURIAL, May 24th 1916.

20-UNDERTAKER Harry A. Vodery ADDRESS 1723 Orleans st

Important. See instructions on back of certificate.

C95344

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

REGISTERED NO. C95344

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3113 Leeds Ave. STREET 20 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lewis Saunders

(Residence in Baltimore: No. 3113 Leeds St.: 5 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: [illegible], 1 (Month) (Day) (Year)

7 AGE: about 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9 BIRTHPLACE (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: alferd Saunders

11 BIRTHPLACE OF FATHER (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Rachreal Reed

13 BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Matilda Saunders

(Address) 3113 Leeds ave

MAY 24 1916 Filed ....., 191—

ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1916, to May 22, 1916, that I saw h[illegible] alive on May 22, 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY): asthenea

(Duration) yrs. 3 mos. ds.

(Signed), Asa L Wessels M. D.

May 23. 1916. (Address) 2565 Frederick ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Friendship · annandale · Cemetery

DATE OF BURIAL: May 24, 1916

20 UNDERTAKER: John H Owens

ADDRESS: 1222 Druid St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95345

CERTIFICATE OF DEATH.

79 C95345

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 514 E Eager ST.; 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James T. Dehn

(Residence in Baltimore: No. 514 E Eager St.; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day), 1 (Year)

7-AGE, 52 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Employed by Gas Co

9-BIRTHPLACE, (State or Country), Balto. Co. Md.

PARENTS.

10-NAME OF FATHER, Richard T. Dehn

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary Doyle

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Martha R. Dehn

(Address) 514 E Eager St.

15-MAY 24 1916 ROBERT , KRAUT
Filed ..., 191... Burial Permit Cl...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1916, to May 23 1916, that I saw h[illegible] alive on May 20 1916, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Mitral Regurgitation

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Bernard Wess M. D.

May 23, 1916 (Address) 914 E Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery | DATE OF BURIAL, May 26, 191...

20-UNDERTAKER Henry Horck Sons | ADDRESS 1301 E Eager St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095346

CERTIFICATE OF DEATH.

91 095346

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 W 34th St.; 13 WARD) REGISTERED No. C

2-FULL NAME Jas. Eugene Ryan

(Residence in Baltimore: No. 800 W 34th St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: 0 yrs., 6 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 2 (Day), 1916. (Year)

7-AGE, 0 yrs. 6 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ind Balto

PARENTS.

10-NAME OF FATHER, Jas M Ryan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Frances E Coyle

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances E Coyle

(Address) 800 W. 34th St.

15-MAY 24 1916 ROBERT KRAUTER, Burial Permit Clerk

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1916, to May 24 1916, that I saw h alive on May 23rd 1916, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Cerebral Congestion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. B. Nonment M. D.

May 24, 1916. (Address) 3643 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
St Peters Cemetery	May 25, 1916
20-UNDERTAKER Henry Stoeck Sons	ADDRESS 1301 E Eager St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95347

CERTIFICATE OF DEATH.

30 C95347

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 McHenry · ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Kelly.

(Residence in Baltimore: No. 1509 McHenry · St.; 2 yrs., 3 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 25 (Day), 1912 (Year)

7-AGE, 3 yrs. 3 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Edw Kelley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mataba Coper

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Kelley

(Address) 1509 McHenry St

15- Filed MAY 24 1916 Reg. ROBERT BRAUTER Supt. Vital Statistics Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1916, to May 24 1916, that I saw him alive on May 23 1916, and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

T. B. Meningitis

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. 14 ds.

(Signed) F. H. Long M. D.

5-7-4, 1916 (Address) 22 E. Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, May 26, 1916

20-UNDERTAKER Joseph Sefton ADDRESS 1606 N Gaston one

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95348

CERTIFICATE OF DEATH.

50

C95348

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2939 Frant ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Hoover

(Residence in Baltimore: No. 2939 Frant ave St.; ..... yrs., ... mos. ..... ds.)

Fife

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Dec. (Month) 24 (Day), 1861. (Year)

7-AGE, 54 yrs. 4 mos. 28 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Charles A Hoover

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Georgiana Brown

13-BIRTHPLACE OF MOTHER (State or Country), do not know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Hoover

(Address) 2932 Frant Ave

15- Filed MAY 24 1916, 191.... ROBERT, KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 191.., to May 22 191.., that I saw h.. alive on May 22 191.., and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Septicaemia from Carbuncle

(Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) C L Long M. D.

5-22, 1916. (Address) 200 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cat Lawn	May 25, 1916.
20-UNDERTAKER Robt J Turner	ADDRESS 1447 N Broadway

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9

C95349

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N Chapel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Summer

(Residence in Baltimore: No. 18 N Chapel St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	White	Single

6-DATE OF BIRTH, July (Month) 2 (Day), 1906 (Year)

7-AGE,	If LESS than 1 day,
9 yrs. 10 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Summer

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Josefine Kuhn

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Summer

(Address) 18 N. Chapel

15- MAY 24 1916 Filed....., 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

40 Fr

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 23 1916, that I saw him alive on May 23 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) W. J. Kraemer M. D.

May 24 16, 191... (Address) 2008 Eastland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	May 24, 191...
20-UNDERTAKER Wendell Appleman	ADDRESS 373 N

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C95350

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 E. Fourth Pl. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate E. Miller

(Residence in Baltimore: No. 321 E. Fourth Ave. St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feby (Month) 13 (Day), 1851. (Year)

7-AGE. 65 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo. W. Jones

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Hannah Blackner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roland L. Miller

(Address) 25 E. 21st

15- MAY 24 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23d (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14th 1916, to May 23d 1916, that I saw h-- alive on May 23d 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Paranephritis
Nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. C. Emmert M. D.

May 23, 1916 (Address) 1 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, David Ridge Cemetery — DATE OF BURIAL, May 25, 1916

20-UNDERTAKER Chas. G. Black — ADDRESS 1201 W. Fayette St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95351 37 C95351

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Vincent Infant Asylum St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Howard

(Residence in Baltimore: No. St Vincents Infant Asylum St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 30 (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincent Infant Asylum

(Address) 711 Division St.

15- Filed MAY 24 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to May 22 1916, that I saw h alive on May 21st 1916, and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary) Congenital Lues

(Duration) yrs. 1 mos. 22 ds.

(Signed) [illegible] M. D.

, 191... (Address) 1229 Bolton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 22 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, May 24, 1916

20-UNDERTAKER M. Fahey & Sons — ADDRESS 106 Lafayette Av

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95352 C95352

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 8) St. Vincent Infant Asylum St.; ..... WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Garrett

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ..... yrs., 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 24, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....NONE.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincent's Infant Asylum

(Address) 1401 W. Mulberry St.

MAY 24 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916, to May 22 1916, that I saw h er alive on May 21st 1916, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

.....Marasmus.....

..... (Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital Lues

..... (Duration) ..... yrs. 5 mos. ..... ds.

(Signed) C. B. Nichols M. D.

....., 191... (Address) 12 W. Williams St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 5 mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence St. Vincent's Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, May 24, 1916.

20-UNDERTAKER M. Fahey & Sons — ADDRESS 606 Lafayette Ave

important. See instructions on back of certificate.

C95353 C95353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1524 N Bruce St.: 14 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madeline R. Nealon

(Residence in Baltimore: No. 1524 N Bruce St.: yrs., 1 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, March 31, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Philip Nealon

11-BIRTHPLACE OF FATHER (State or Country). a. a. Co. Md.

12-MAIDEN NAME OF MOTHER Hattie Creel.

13-BIRTHPLACE OF MOTHER (State or Country). a. a. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Phillip Nealon

(Address) 1524 N. Bruce St

15- Filed MAY 24 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(Duration) ....yrs. 1 mos. 24 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Edward Smith M. D.
(Coroner)
May 24 1916 (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lamar Co.	May 25, 1916
20-UNDERTAKER	ADDRESS
Geo. H. Holland	517 Robert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

C95354

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95354

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Battery Ave St.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharyn E McGuigan

(Residence in Baltimore: No. 1106 Battery ave St.; yrs. 3 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, February (Month) 3rd (Day), 1916 (Year)

7-AGE, ...yrs. 3 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Thomas J McGuigan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Katharyn E Paff.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Theresa Paff

(Address) 1106 Battery Ave

15- Filed MAY 24 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to May 24 1916, that I saw her alive on May 23 1916, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Toxemia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Gastro-Enteric Intoxication

(Duration) yrs. mos. 5 ds.

(Signed) J. B. Burton M. D.

5/24, 1916 (Address) 301 East Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross A&C — DATE OF BURIAL, May 25, 1916

20-UNDERTAKER E & B Hale — ADDRESS 115 E Lex St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95355

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95355

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq. Hos. ST.; 2d WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME anna Kauffmann

(Residence in Baltimore: No. 1607 Covington St.; 33 yrs., 10 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (write the word): Married

6-DATE OF BIRTH: July (Month) 3rd. (Day) 1882 (Year)

7-AGE: 33 yrs. 10 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: John Kolb

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Margaret Heizen

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John F. Kaufmann

(Address) 1607 Covington St.

15- MAY 24 1916 Filed. ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to May 23 1916, that I saw h[illegible] alive on May 23 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Ovarian cyst, twisted Pedicle, Operated on May 20 1916 (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Uremic coma (Duration) 3 yrs. ....mos. 11 ds.

(Signed) Alois B. Bray M. D.

May 23, 1916. (Address) Franklin Sq Hos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1607 Covington St.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross A A C DATE OF BURIAL, May 24, 191.6.

20-UNDERTAKER E & B Hasle ADDRESS 115 E West St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95356 C95356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

142

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 E Oliver ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E Lowry

(Residence in Baltimore: No. 1631 E. Oliver St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Apr 3 (Month) (Day) 1833 (Year)

7-AGE: 83 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Easton Md

PARENTS.

10-NAME OF FATHER: Joel Lloyd

11-BIRTHPLACE OF FATHER (State or Country): Eastn Md

12-MAIDEN NAME OF MOTHER: Elizabeth Maisel

13-BIRTHPLACE OF MOTHER (State or Country): Eastn Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mabel B Stinson

(Address) 1631 E Oliver St

15-Filed MAY 24 1916, 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 23 (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 23 1916, to May 23 1916, that I saw h er alive on May 22 1916, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Old Age

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Senile Gangrene (Duration) 3 yrs. — mos. — ds.

(Signed) Wm S. Watson M. D.

May 24., 191.6. (Address) 2124 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 3 yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Pleasant Hill Cemetery — DATE OF BURIAL: May 26, 1916

20-UNDERTAKER: Robt J Saunders — ADDRESS: 1424 Bway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95357

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95357

CERTIFICATE OF DEATH.

6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Leadenhall ST.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace E. Hazel.

(Residence in Baltimore: No. 1017 Leadenhal St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 24, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm Hazel.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Alonta McDonald

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alonta McDonald

(Address) 1017 Leadenhall St.

15- Filed MAY 24 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1916, to May 24 1916, that I saw h[illegible] alive on May 23 1916, and that death occurred, on the date stated above, at 7.A m.

The CAUSE OF DEATH* was as follows:

Measles.

Lobar Pneumonia (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) ....

....y. (Duration) ....yrs. ....mos. 4 ds.

5/24, 1916 (Signed) J. C. Ferguson M. D.

(Address) 1730 E. Chas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Alburn — DATE OF BURIAL, May 25, 1916.

20-UNDERTAKER R. L. Parham — ADDRESS 1341 Hamburg St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95358

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95358

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2841 Clifton ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriett Lucile Matthews

(Residence in Baltimore: No. 2841 Clifton ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, August 13, 1854
(Month) (Day) (Year)

7-AGE, 61 yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, John A Beamwood

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Annie E Slette

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar Matthews

(Address) 2841 Clifton ave

15- MAY 26 1916 Filed ..... 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18 1916, to May 24 1916, that I saw h— alive on May 24 1916, and that death occurred, on the date stated above, at 2.48 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ....yrs. ....mos. 6 ds.

(Signed) O K Davis M. D.

May 24, 1916 (Address) 2261 Cumberland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Park — DATE OF BURIAL, May 26 1916

20-UNDERTAKER Geo J Smith — ADDRESS 1008 W Lafayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95359 64 C95359

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 W Lexington ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J Musgrave (Musgrove)

(Residence in Baltimore: No. 2131 W Lexington St.; 52 yrs., 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, April 2 (Month) (Day) 1864 (Year)

7-AGE, 52 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Steven Musgrove

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Deborah Harvey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary F Musgrove

(Address) 2131 W Lexington

15- Filed MAY 24 1916 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1916, to May 23 1916, that I saw him alive on May 22 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

2

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(Duration) ....yrs. 1 mos. ....ds.

(Signed) J. L. Bonnell M. D.

May 24, 1916. (Address) 1302 W Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, May 26, 1916.

20-UNDERTAKER Harold J Sem

ADDRESS 1000 E Baltimore St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95360

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95360

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 343 Courtland Street. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Henry Kammer.

(Residence in Baltimore: No. 343 Courtland Street. St.; 51 yrs., 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Divorced

6-DATE OF BIRTH, ...February.... (Month) ....10.... (Day), 1865. (Year)

7-AGE,	If LESS than 1 day,
....51... yrs. ...3... mos. ..14.. ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baker.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None.....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. A. Kammer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothy Rauber

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Dr. C. W. Kammer.....

(Address)..2123 Maryland Av.....

15-MAY 24 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...May.... (Month) ....24.... (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to May 3rd 1916, that I saw him alive on May 3rd 1916, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

Exhausted Dilatation

..... (Duration).....yrs. 12 mos.....ds.

CONTRIBUTORY (Secondary) Gastric Carcinoma.

..... (Duration).....yrs. 12 mos.....ds.

(Signed)...S. D. Emanuel.....M. D.

5-24.., 1916 (Address)..1604 Linden Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ---- yrs. ---- mos. ---- ds. In the State ---- yrs. ---- mos. ---- ds.

Where was disease contracted, if not at place of death? ----------

Former or usual residence ----------

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery. DATE OF BURIAL, May 26.., 191..

20-UNDERTAKER Stewart & Mowen Com'y. ADDRESS 108 W. North Av

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95361 C95361

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. Md. Genl. Hosp. St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Dutton.

(Residence in Baltimore: No. 754 Mulberry St.; 20 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1916.
(Month) (Day) (Year)

7-AGE, 25 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Severn T. Gaddis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ardela Heshields

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Dutton

(Address) 754 W. Mulberry

15- MAY 24 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1916, to May 23 1916, that I saw her alive on May 23 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

Chronic Nephritis

(Duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) yrs. mos. ds.

(Signed) C. W. Dussler M. D.

May 23, 1916 (Address) Balt. Genl. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 754 W. Mulberry St.

19-PLACE OF BURIAL OR REMOVAL, Tyaskin. Md. DATE OF BURIAL, May 26 1916

20-UNDERTAKER John H. Toadvine ADDRESS 144 W. Fed St.

important. See instructions on back of certificate.

095362

HEALTH DEPARTMENT—CITY OF BALTIMORE

095362

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland Club ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Murray

(Residence in Baltimore: No. 1910 Druid Hill Ave

St. 48 yrs., 5 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Dec 20 1868 (Month) (Day) (Year)

7-AGE	If LESS than 1 day,
48 yrs. 5 mos. 1 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Maryland Club

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Alex Murray

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith Murray

(Address) 1910 Druid Hill Ave

15- MAY 24 1916 191... HARRY C. ANDREWS Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilation

Sudden (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) H. J. Paley (Coroner.) M. D.

May 23 191... (Address) 1639 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death.....yrs.....mos.....ds. State From Birth In the Life yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Maryland Club

Former or usual residence 1910 Druid Hill Ave

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, May 25 1916

20-UNDERTAKER Wm. H. Grace & Son

ADDRESS 402 Madison St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95363 30 C95363

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital St.; 16 WARD)

2-FULL NAME Lilly Johnson

(Residence in Baltimore: No. 916 Whatcoat St. St.; 54e yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Jan 6, 1915 (Month, Day, Year)

7-AGE, 1 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Lillian Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Bentley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Asst Mercy Hosp.

(Address) Calvert St

15 Filed MAY 25 1916, 191. ROBERT . BRAUER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1916 (Month, Day, Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1916, to May 23 1916, that I saw h[illegible] alive on May 23 1916 and that death occurred, on the date stated above, at 5.25 P m.

The CAUSE OF DEATH* was as follows:

Tuberculor Meningitis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward E Samuel M. D.

May 24, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State yrs. Life mos. ds.

Where was disease contracted if not at place of death? 916 Whatcoat St

Former or usual residence 916 Whatcoat St

19-PLACE OF BURIAL OR REMOVAL, Mt Pleasant Anne Arundel Co DATE OF BURIAL, May 25, 1916

20-UNDERTAKER Daniel Easton ADDRESS 916 Balto

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95364

CERTIFICATE OF DEATH.

41 C95364

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127.5. Spring St ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wolf Hendin

(Residence in Baltimore: No. 1278 Spring St St.; 8 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown — —, 1841
(Month) (Day) (Year)

7-AGE, 75 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Butcher
(b) General nature of industry, business, or establishment in which employed (or employer). Store Keeper

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Benj Hendin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Shane Hendin

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Balto St

15- Filed MAY 25 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1916, to May 25 1916, that I saw h[illegible] alive on May 25 1916, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestine
Duration Weeks 6

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M J Taylor M. D.

May 25, 1916 (Address) 712 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rosedale Md

DATE OF BURIAL, 5/25, 191.6

20-UNDERTAKER Jack Lewis

ADDRESS E Balto St

important. See instructions on back of certificate.

C95365

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C95365

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3019 Abell Avenue St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline M. Craig

(Residence in Baltimore: No. 3019 Abell Ave St. 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Nov 5, 1839 (Month) (Day) (Year)

7-AGE: 76 yrs. 6 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE (State or country): Mass.

PARENTS

10-NAME OF FATHER: Nathan Underwood

11-BIRTHPLACE OF FATHER (State or country): Mass

12-MAIDEN NAME OF MOTHER: Narissa Burks

13-BIRTHPLACE OF MOTHER (State or country): N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur R. Craig

(Address) 3019 Abell Ave

15- Filed MAY 25 1916 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 5 1916, to, May 25 1916

that I saw h-- alive on May 25, 1916

and that death occurred, on the date stated above, at 7.45 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 18 ds

Contributory (SECONDARY) Arterio Sclerosis

(Duration) yrs. mos. 1 ds.

(Signed) D. L. Reinhard M. D.

May 24 1916 (Address) 510 Abell Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Crematory

DATE OF BURIAL: May 25th 1916

20-UNDERTAKER: William Cook

ADDRESS: 503 E. North Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95366

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1138 Etting ST.; 17 WARD)
REGISTERED No. C.....

2-FULL NAME James W. Spears

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1138 Etting St.; 31 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, August (Month) ..... (Day), 1884 (Year)

7-AGE, 31 yrs. 8 mos. ds.

If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Messenger
(b) General nature of industry, business, or establishment in which employed (or employer): B&O Bldg

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wesley A Spears

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Kate Willis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Spears

(Address) 1138 Etting St

15- MAY 25 1916 Filed ..... 191.....

ROBERT . BRADY
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to May 23d 1916, that I saw h... alive on May 22 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

(a) Phthisis Pulmonalis

(Duration) ..... yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) ..... yrs. 1 mos. ds.

(Signed) Bernard Hughes, M. D.

May 25, 191. 6 (Address) 14 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	May 26, 191 6

20-UNDERTAKER Samuel J Wensley ADDRESS 578 W Balto

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095367

CERTIFICATE OF DEATH.

40 095367

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Harvey ST.; 24 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna V. Beltz

(Residence in Baltimore: No. 706 Harvey St.; 44 yrs., mos. 1 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	Married

6-DATE OF BIRTH, May (Month) 23 (Day), 1872 (Year)

7-AGE	If LESS than 1 day,
44 yrs. mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hsk
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, David L Smith

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Cath Bryan

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Beltz (Daughter)

(Address) 706 Harvey St

15- MAY 25 1916 Filed....., 191.....

ROBERT J. KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/1 1916, to 5/24 1916, that I saw her alive on 5/24 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Apparent Carcinoma of Stomach, Ovaries, Liver

Home History (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Gen Anemia

Sp (Duration) yrs. 2 mos. ds.

(Signed) W. J. Lexington M. D.

5/24, 1916 (Address) 102 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, May 27, 1916

20-UNDERTAKER H. & M. E. Flynn ADDRESS 1422 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95368

CERTIFICATE OF DEATH.

120

REGISTERED NO. C 95368

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Park Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Evans Smith

(Residence in Baltimore: No. 1311 Park ave St.; 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June 4th, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. 11 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Morgantown W. Va

PARENTS.

10-NAME OF FATHER, George Perrine Evans

11-BIRTHPLACE OF FATHER (State or Country), Morgantown W Va

12-MAIDEN NAME OF MOTHER Julia Dorsey.

13-BIRTHPLACE OF MOTHER (State or Country) Morgantown W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank B. Smith

(Address) 1311 Park Ave

15- MAY 25 1916 ROBERT [illegible], Burial Permit Clerk
Filed..... 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1915, to May 24" 1916, that I saw her alive on May 24" 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 3 yrs. mos. ds.

(Signed) [signature] M. D.

May 24" 1916 (Address) 1017 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

18-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, May 26 1916

20-UNDERTAKER Henry W. Jenkins Sons Co

ADDRESS Mt Pulaski Orchard

important. See instructions on back of certificate.

C95369

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95369

CERTIFICATE OF DEATH.

56

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 677 W. Mulberry St. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Clay.

Residence in Baltimore: No. 677 W. Mulberry St.

St.: yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Sample Carrier
(b) General nature of industry, business, or establishment in which employed (or employer) ..... for Salesmen

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Clay

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jennette Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theodore Clay.

(Address) 436 Moore St.

15- MAY 25 1916 ROBERT ..... KRAUTER ..... Registrar.
Filed ....., 191.. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Autopsy
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia, induced by Acute Alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Orvil L. Driscoll M. D.
(Coroner.)

May 24, 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, May 25, 1916

20-UNDERTAKER Charles B Jones

ADDRESS 235 N Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec A 8-24-14—M. & T.—2000 Eks.

Spec.—8-24-14—M. & T.—2000 Blks.

095370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 095370

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Bolton St., ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. William Deiches,

(Residence in Baltimore: No. 1805 Bolton St., St.; 58 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH: Feb. (Month) 9th. (Day), 1843. (Year)

7-AGE: 73 yrs. 3 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wholesale 677
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco & Cigars,

9-BIRTHPLACE, (State or Country): Germany,

PARENTS.

10-NAME OF FATHER: Henry Deiches,

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Hannah Hoffheimer

13-BIRTHPLACE OF MOTHER (State or Country): Hermany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Deiches Jr.

(Address) 1805 Bolton St.

15- Filed MAY 25 1916, 191. ROBERT J. KRAUTH, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May (Month) 24th. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 191..., to May 24 1916, that I saw h[illegible] alive on May 24 191 6, and that death occurred, on the date stated above, at 10.30 a/m.

The CAUSE OF DEATH* was as follows:

.....Myocarditis.....

..... (Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) Oedema of lungs

..... (Duration) ...yrs. ...mos. 1 ...ds.

(Signed) Julius Friedman M.D.

May 191.6 (Address) 10.13 A Chas St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto. Hebrew,

DATE OF BURIAL: May 26th. 6

20-UNDERTAKER: Hanna Goodheim

ADDRESS [illegible]

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

095371

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

095371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54 095371

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 W. Lafayette Ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest L Rhodes

(Residence in Baltimore: No. 2029 W. Lafayette Ave St.; 10 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 11 (Day) 1896 (Year)

7-AGE, 20 yrs. 1 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Box Maker
(b) General nature of industry, business, or establishment in which employed (or employer): 461

9-BIRTHPLACE, (State or Country), Ind

PARENTS.

10-NAME OF FATHER, John L Rhodes

11-BIRTHPLACE OF FATHER (State or Country), Bello Ind

12-MAIDEN NAME OF MOTHER Florence Grubill

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L Rhodes

(Address) 2029 W. Lafayette

15-DATE RECEIVED MAY 25 1916 HARRY G. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May - 12 1916, to May - 24 1916, that I saw h.... alive on May - 24 - 1916, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

(a) Pernicious Anemia

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Hypertrophic Cirrhosis

(Duration) ... yrs. ... mos. 12 ds.

(Signed) Martin W. Short M. D.

May 25, 191.6 (Address) 806 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL, Cedar Hill DATE OF BURIAL, MAY 26 1916, 191...

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95372

130 C95372

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95372 130 C95372

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirm ST.; or WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Alice G. Thompson

(Residence in Baltimore: No. 939 Gorsuch Ave. Ward 2nd, Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 6th (Month) (Day), 1871. (Year)

7-AGE, 44 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Baltimore.

PARENTS.

10-NAME OF FATHER, John A Loud

11-BIRTHPLACE OF FATHER (State or Country). Frederick Md

12-MAIDEN NAME OF MOTHER Mary J Russell

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hugh D Thompson

(Address) 939 Gorsuch ave

15- MAY 25 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1916, to May 23 1916, that I saw h er alive on May 23 1916, and that death occurred, on the date stated above, at 1.35 P.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pelvic abscess

(Duration) not known yrs. mos. ds.

(Signed) C. Hammell Starr M. D.

May 23, 1916. (Address) Church Home Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 939 Gorsuch Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, May 26 1916.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument St

important. See instructions on back of certificate.

C95373

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 C95373

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 249 W. Hoffman ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Kemp

(Residence in Baltimore: No. 249 W. Hoffman St ST.; 24 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Single

6-DATE OF BIRTH Jan 21, 1838 (Month) (Day) (Year)

7-AGE 78 yrs. 4 mos. 3 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Thomas Kemp

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Wilson

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Russell

(Address) 249 W Hoffman st

15. Filed MAY 25 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 24, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1916, to May 24 1916, that I saw h er alive on May 24, 1916, and that death occurred, on the date stated above, at 4:45 pm.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

Chronic Nephritis (Duration) 5 yrs. 2 mos.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Chas H. Riley M. D.

May 25, 1916 (Address) 1113 Madison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Pikesville Md | DATE OF BURIAL May 27, 1916

20-UNDERTAKER Chas E. Franck | ADDRESS 802 Madison Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95374

CERTIFICATE OF DEATH.

151 C95374

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Fulton Kraft Jr.

(Residence in Baltimore: No. Womens Hospital St.; 0 yrs. 0 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, May (Month) 25 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Fulton Kraft

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Rose Plisterer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fulton Kraft

(Address) 737 S. Broadway

15-

Filed MAY 25 1916 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to May 25 1916, that I saw him alive on May 25 1916, and that death occurred, on the date stated above, at 11.10 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Byron W. Lewis M. D.

May 25, 1916 (Address) Womens Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. 30 min. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Butts Chu — DATE OF BURIAL, May 26 1916

20-UNDERTAKER H. Sundlun & Son — ADDRESS 120 Butler

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C95375

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Pavlovitch (Pavlovitch)

(Residence in Baltimore: No. St Joseph's Hospital St.; Not Known yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	widower

6-DATE OF BIRTH, Not Known ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 50 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Orderly .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Austria Hungary

PARENTS.

10-NAME OF FATHER, not Known.

11-BIRTHPLACE OF FATHER (State or Country), not Known

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Josephs Hosp

(Address) Lombard & Olives Sts

MAY 25 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to May 25 1916, that I saw h im alive on May 25 1916, and that death occurred, on the date stated above, at 12.30 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach
(clinical diag.)
about 3
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Winton Clift M. D.
May 25, 1916 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yr. 3 mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? St Joseph's Hospital

Former or usual residence St Joseph's Hospital

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	May 29, 1916.
20-UNDERTAKER	ADDRESS
Henry Koeckeritz	130 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C95376

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95376

CERTIFICATE OF DEATH.

74

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1750 Eastern ave ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick J Scally

(Residence in Baltimore: No. 1750 Eastern Ave St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	single

6-DATE OF BIRTH, May 21 1871
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
44 yrs. — mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Scally

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary —

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Scally

(Address) 1750 Eastern ave

15- Filed MAY 25 1916, 191.... HARRY U. AMBLER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 24 1916, that I saw him alive on May 23 1916, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Cardiac hypertrophy

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lumbago arthritis

..... (Duration) ..... yrs. ..... mos. 22 ds.

(Signed) G. C. Rank M. D.

May 25 1916 (Address) 1000 E. Balt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Patrick	May 27, 191..

20-UNDERTAKER	ADDRESS
John Ahearn	Bank

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95377

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95377

CERTIFICATE OF DEATH.

102 C95377

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nina Basilicata

(Residence in Baltimore: No. 1031 N. Eutaw St St.; 27 yrs., 4 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Jan 15 ....., 1889
(Month) (Day) (Year)

7-AGE. 27 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Ralph Basilicata

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Cathrine DeRosa

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Basilicata

(Address) 1031 N. Eutaw St

15- Filed MAY 25 1916, 191.... HARRY T. ENTWISLE Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... May 23 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916, to May 23 1916, that I saw her alive on May 23 1916, and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

.....Gastrectomy.....
.....(Operated upon).....
..... (Duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary) Post Operative Shock

..... (Duration) ....yrs. ....mos. 5 Hrs

(Signed) W. T. Ivey M. D.

May 23, 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 11 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1031 N. Eutaw St

Former or usual residence 1031 N. Eutaw St

19-PLACE OF BURIAL OR REMOVAL, St Vincents — DATE OF BURIAL, May 26, 1916

20-UNDERTAKER John A Moran — ADDRESS Bank & Ann Sts

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95378

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1605 Edmondson Ave ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth L. Bell

(Residence in Baltimore: No. 1605 Edmondson Ave St.; 32 yrs., 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 12th (Day), 1885 (Year)

7-AGE, 32 yrs. 3 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Straw Hat Maker.
(b) General nature of industry, business, or establishment in which employed (or employer): Levy Factory

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. David E. Bell.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Lydia Wooley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David E. Bell

(Address) 1605 Edmondson Ave.

15- Filed MAY 26 1916, 191.. ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to May 24 1916, that I saw h[illegible] alive on May 24 1916, and that death occurred, on the date stated above, at 5.1. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Tuberculosis

(Duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Cachexia

(Duration) 0 yrs. 1 mos. 0 ds.

(Signed) [illegible] M. D.

May 24 1916 (Address) 1605

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, May 27th, 1916.

20-UNDERTAKER Mr & Mrs John H. Deupel ADDRESS 20 W. Fayette St

important. See instructions on back of certificate.

095379

HEALTH DEPARTMENT—CITY OF BALTIMORE

095379

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 113 W. Randall ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L. Hemmberger

(Residence in Baltimore: No.) 1314 Patapsco St.

St.: yrs. 55 mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, December 26, 1856
(Month) (Day) (Year)

7-AGE, 59 yrs. 4 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Harness Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Detroit Mich.

PARENTS.

10-NAME OF FATHER, John Georg Hemmberger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret S. Thomas.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimor Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Herman L. Hemmberger (Son)
(Address) 1709 N. Payson St

15- MAY 26 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Valvular Disease of the Heart
(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) Chas M. Reinhardt M. D.
(Coroner.)
May 25, 191.. (Address) 1917 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	May 26th 1916
20-UNDERTAKER	ADDRESS
E. Schuloman & Son	Hanover St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95380

CERTIFICATE OF DEATH.

28 C95380

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1 W. Barre ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Ellis

(Residence in Baltimore: No. 1 W. Barre St.; 42 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec (Month) 23 (Day), 1888 (Year)

7-AGE, 32 yrs. 5 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Tishner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Wright

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ellis

(Address) 1 W. Barre St.

15- MAY 26 1916 ROBERT . KRAUTER, Filed....., 191 Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1916, to May 24, 1916, that I saw her alive on May 24, 1916, and that death occurred, on the date stated above, at 11 C. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. Frauenhar M. D.

5/25/, 191.6 (Address) 122 W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, May 27, 1916.

20-UNDERTAKER Fred. A. Krauer ADDRESS 703 Hanover St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95381

CERTIFICATE OF DEATH.

79 C95381

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Orleans St. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanch Stewart

(Residence in Baltimore: No. 1615 ~~Stewart~~ Orleans St.; 31 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ~~May~~ (Month) ~~1~~ (Day) 1 (Year)

7-AGE, 31 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Howse Work
(b) General nature of industry, business, or establishment in which employed (or employer): Pd. Occupation.

9-BIRTHPLACE, (State or Country) Born in Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Stewart

11-BIRTHPLACE OF FATHER (State or Country), Annarandel Co

12-MAIDEN NAME OF MOTHER, May Walker

13-BIRTHPLACE OF MOTHER (State or Country), Annarundel Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) by her Sister Sarah Brown

(Address) 1613 Orlean St

15- MAY 26 1916 Filed ....., 191... ROBERT KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 24 1916, that I saw ~~her~~ alive on May 23 1916, and that death occurred, on the date stated above, at 7 35 a.m.

The CAUSE OF DEATH* was as follows:

Asthma Dropsy

of Heard

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Heart

(Duration) yrs. 1 mos. ds.

(Signed) J. H. W. Thompson M. D.

May 26, 1916 (Address) 708 Stewart St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ann Arundel Co Md — DATE OF BURIAL, May 26, 1916

20-UNDERTAKER Mayer Mtg Co — ADDRESS 506 Park Ave

Mr R A Elliott

important. See instructions on back of certificate.

C95382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

C95382

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1433 N. Bond ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert Glass

(Residence in Baltimore: No. 1433 N. Bond St.: Life time yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Feb (Month) 11 (Day), 1830 (Year)

7 AGE: 86 yrs. 3 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (State or country): "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Glass

(Address) 1433 N. Bond St

15 Filed MAY 26 1916 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 24 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1916, to May 24 191..., that I saw h.. alive on May 24, 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) X yrs. ..... mos. ..... ds

Contributory (SECONDARY) Edema Heart failure

(Duration) X yrs. 1 mos. 2 ds.

(Signed), R G Davis M. D.

....., 191... (Address) 1573 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: May 26, 1916

20 UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond

Spec.—8-24-14—M. & T.—2000 Bks.

Malgorzata Blahowic

Spec.—8-24-14—M. & T.—2000 Bks.

Malgorzata Blahowic

C95383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C95383

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Bank st ST.; 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Malgorzata Blahowic

(Residence in Baltimore: No. 2104 Bank, St.; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1866 (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Home wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia Poland

PARENTS.

10-NAME OF FATHER, Unknow.

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Unknow-

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ignac Blachowicz

(Address) 2104 Bank St

15-Filed MAY 26 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to May 25 1916, that I saw her alive on May 24 1916, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

Hrs Knowledge

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

May 25, 1916. (Address) 1 S. Pollock St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus, DATE OF BURIAL, May 27 1916

20-UNDERTAKER H. F. Sadowski, ADDRESS 705 S. Arm St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95384

CERTIFICATE OF DEATH.

108 C95384

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq Hosp ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Stratton

(Residence in Baltimore: No. 2800 Harrison ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Not Known (Month) (Day) 1870 (Year)

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm M Stratton

(Address) 1203 Riggs St

15- Filed MAY 26 1916 191.. ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1916, to May 25 1916, that I saw her alive on May 25 1916, and that death occurred, on the date stated above, at 3 25 a m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Gen appendix

(Duration) yrs. mos. 5 ds.

(Signed) Geo L Swan M D

May 25, 191 6 (Address) 100 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 2800 Harrison ave

Former or usual residence 2800 Harrison ave

19-PLACE OF BURIAL OR REMOVAL, Woodstock Vermont

DATE OF BURIAL, May 26, 191..

20-UNDERTAKER Geo A Gerbig

ADDRESS Gallo & Payson

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95385 — 1 PLACE OF DEATH

79 C95385 — REGISTERED No. C

CITY OF BALTIMORE (No. 1226 N. Charles St.: 11 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Polk

(Residence in Baltimore: No. 1226 N. Charles St.: 73 yrs. 7 mos. 19 ds.)

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH October 7th, 1842 (Month) (Day) (Year)

7-AGE 73 yrs. 7 mos. 19 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Baltimore City

PARENTS

10-NAME OF FATHER Gabriel O'Clark

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Margaret Burkart

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nathan R. Forlin

(Address) 1 W Biddle St

15. Filed MAY 26 1916, 191 — BURIAL Burial Permit (illegible) KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1914, to May 26th, 1916, that I saw h[illegible] alive on May 26th, 1916, and that death occurred, on the date stated above, at 5 A. m.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of the Heart

(Duration) 1 yrs. — mos. — ds

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

(Signed) Nathan R. Forlin M. D.

May 26th 1916. (Address) 1 W. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount	May 27th 1916

20-UNDERTAKER Hollyfield & Son Co — ADDRESS McCulloh & Richards

Spec.—8-24-14—M. & T.—2000 Bks.

095386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 095386

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary, ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Williams #2

(Residence in Baltimore: No. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 24 (Day), 1890 (Year)

7-AGE, 26 yrs. mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Anne Arundel County,

PARENTS.

10-NAME OF FATHER, Alexander Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Laura Lloyd

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Brown

(Address) Maryland Penitentiary

15-MAY 26 1916 Filed, 191.. ROBERT . KRAUTHER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May - 17 1915, to May - 16 1916, that I saw him alive on May - 16 - 1916 and that death occurred, on the date stated above, at 1.55 p. m.

The CAUSE OF DEATH* was as follows:

(a) Toxemia 2nd Extenuation

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Tubercu-
losis (Duration) 1 yrs. mos. ds.

(Signed) William F. Schwartz, M. D.

May-16.., 191.6 (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. 10 mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Sparrows Point, Md.

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, MAY 26 1916, 191..

20-UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-11—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095387

CERTIFICATE OF DEATH.

66

095387

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1539 Clifton Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Gilbert Ireland

(Residence in Baltimore: No. 1539 Clifton Ave St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October (Month) 15th (Day), 1847 (Year)

7-AGE, 68 yrs. 7 mos. 10 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Calvert Co. Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country) Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ella Ireland

(Address) 1539 Clifton St

15-Filed MAY 26 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25th (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 11th 1916, to May 25 1916, that I saw h[illegible] alive on May 25 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Paralysis

Attack

(Duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia Contributing Cause

(Duration) yrs. mos. 15 days

(Signed) E. C. Smith M. D.

May 25 1916 (Address) 1205 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, May 26, 191.6

20-UNDERTAKER Harry W Ellis — ADDRESS 1900 W Monroe

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95388

CERTIFICATE OF DEATH.

C95388

1-PLACE OF DEATH

REGISTERED NO. C 88

CITY OF BALTIMORE: (No. University Hospital. ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Eckhardt

(Residence in Baltimore: No. 210 E. Grindle St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, 23 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... inmate institution for feeble minded
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Eckhardt

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rosa Lilly

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Eckhardt

(Address) 210 E. Grindle st

15- MAY 26 1916 Filed ....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18 1916, to May 26 1916, that I saw her alive on May 25 1916, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Cardiac asthenia, following operation for fibroma of uterus

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Thyroid tumors

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) W. L. Richards M. D.

5/26, 1916 (Address) Univ Hosp Balt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? here (Roanwood)

Former or usual residence Roanwood Md

19-PLACE OF BURIAL OR REMOVAL, Dallo Cemetery — DATE OF BURIAL, May 28 1916.

20-UNDERTAKER Wm Cook — ADDRESS 502 E. Monument

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95389

CERTIFICATE OF DEATH.

120 C95389

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N Chapel ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Fuska

(Residence in Baltimore: No. 505 N Chapel St.: 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Not Known 1861.
(Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Josef Halal

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Emma Bard

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Fuska

(Address) 505 N Chapel St

15- Filed MAY 27 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to May 25 1916, that I saw her alive on May 25, 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

a Chronic Nephritis

.....

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary

b Edema (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Emil Novak M. D.

May 25 1916 (Address) 26 E Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 27, 1916.

20-UNDERTAKER Frank Brack Son — ADDRESS 1904 Eastern Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95390

CERTIFICATE OF DEATH.

43

C95390

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apartments, ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Cunningham Legg

(Residence in Baltimore: No. Homewood Apartments St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 4 (Day), 1877 (Year)

7-AGE, 38 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Frederick Co, Md.

PARENTS.

10-NAME OF FATHER, John C. Legg

11-BIRTHPLACE OF FATHER (State or Country) Winchester, Va.

12-MAIDEN NAME OF MOTHER Belle Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), Fallen Waters, W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John C. Legg

(Address)..... Sudbrook, Md. R.F.D.

15- Filed MAY 27 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7, 1916, to May 25 1916, that I saw her alive on May 25, 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

.....

General Carcinomatosis

Terminal Pneumonia

(Duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Primary carcinoma breast (Duration) 3 yrs. mos. ds.

(Signed) Konrad T. Waterman M. D.

May 26, 1916, (Address) Homewood Apts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, May 27, 1916.

20-UNDERTAKER Henry W. Jenkins & Sons — ADDRESS Orchard & McCulloh Sts.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

[redacted]

HEALTH DEPARTMENT—CITY OF BALTIMORE

[redacted]

C95391

CERTIFICATE OF DEATH.

28

C95391

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S Milton Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Harris

(Residence in Baltimore: No. 509 S Milton ave St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 3rd, 1900
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
16 yrs. 4 mos. 21 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Cornelius Harris

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Hannie Harris

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannie Harris

(Address) 509 S Milton Ave

15- Filed MAY 27 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 19 1916, to May 24 1916, that I saw her alive on May 23 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

a Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

..... (Duration) ..... yrs. 7 mos. ..... ds.

(Signed) Geo. Keller M. D.

5-26, 191.. (Address) 1937 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 27, 1916

20-UNDERTAKER John A Brown — ADDRESS Balto

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

[redacted]

HEALTH DEPARTMENT—CITY OF BALTIMORE

[redacted]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

[redacted] C95392

CERTIFICATE OF DEATH.

152 C95392

[redacted] REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hendricks

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May 24, 1916
(Month) (Day) (Year)

7-AGE, 2 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Robert C Hendricks

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Wallace

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos K Galvin

(Address) Mercy Hosp.

15- MAY 27 1916 HARRY C. ANDREWS
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1916, to May 26 1916, that I saw him alive on May 26 1916, and that death occurred, on the date stated above, at 1 2 m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Thomas Galvin M. D.

May 26 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Catholic DATE OF BURIAL, May 27, 1916.

UNDERTAKER W. J. Turner ADDRESS 1422 N. Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95393

CERTIFICATE OF DEATH.

91

C95393

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hyl Gen. Hospt 18 St.; WARD)

REGISTERED No. C95393

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Amanda L Hall

(Residence in Baltimore: No. 1102 W. Franklin St. St.; 72 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, May 26, 1844
(Month) (Day) (Year)

7-AGE, 72 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City Maryland (City)

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Eugene Sullivan
(Address) 15 E Hayward ave

15- Filed MAY 27 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21 1916, to May 26 1916, that I saw h[illegible] alive on May 26 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frank E Shipley M. D.

May 26 1916 (Address) Hyl Gen Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1102 W Franklin St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 28, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95394 113 C95394

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 Heath ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F Seibell

(Residence in Baltimore: No. 229 Heath St.; 34 yrs., 9 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Aug 6, 1881. (Month) (Day) (Year)

7-AGE. 34 yrs. 9 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....Sub Carpenter

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Frank Seibell

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Emma L Hersey

13-BIRTHPLACE OF MOTHER (State or Country) Laurel Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry C Seibell

(Address) 229 Heath St.

15- Filed MAY 27 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1916, to May 25 1916, that I saw h alive on May 25 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Jaundice

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) ....yrs. mos. 1 ds.

(Signed) R. L. Campbell M. D.

May ..., 191... (Address) 1 East Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross. Brwkln	May 27 1916
20-UNDERTAKER	ADDRESS
William Cook	E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95395 C95395

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1104 ST.; WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate L. Campbell

(Residence in Baltimore: No. 1104 Forest Place St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 7" (Day), 1864 (Year)

7-AGE, 51 yrs. 11 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Emmart.

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Susan Kieffer

13-BIRTHPLACE OF MOTHER (State or Country) Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephen P. Campbell

(Address) 1104 Forest Place

15- Filed MAY 27 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25" (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 24 May 1916, to May 26 1916, that I saw her alive on May 25 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis

(Duration) yrs. mos. 1/2 ds.

(Signed) James M. Renton M. D.

May 27 1916 (Address) 700 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Cem Govans — DATE OF BURIAL, May 27, 191.

20-UNDERTAKER Chas T. Evans & Son — ADDRESS 1118 W Mt Royal Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95396 C95396

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2629 Dulaney ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary D. Widmyer

(Residence in Baltimore: No. 2629 Dulaney St.; 17 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, September 16th, 1857 (Month) (Day) (Year)

7-AGE, 58 yrs. 8 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Columbia, Pa.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Columbia, Pa

12-MAIDEN NAME OF MOTHER Dora Retzner

13-BIRTHPLACE OF MOTHER (State or Country), Columbia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hiram Widmyer

(Address) 2629 Dulaney St

15- MAY 27 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June, 1915, to May, 1916, that I saw her alive on May 23 1916, and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Toxemia

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) W. A. Keech M. D.

May 25, 1916 (Address) 420 Fidelity Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, May 27 1916

20-UNDERTAKER F. B. Wisner

ADDRESS 2238 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95397

CERTIFICATE OF DEATH.

170 C95397

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 S Central Ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Riley

(Residence in Baltimore: No. 411 S. Central ave St.; 16 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, June 6 (Month) (Day), 1853 (Year)

7-AGE, 62 yrs. 11 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) Private home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charles Bruff

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Riley

(Address) 2002 Eastern Ave

15- Filed MAY 27 1916, 191.... ROBERT . KRAUTH, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to May 25 1916, that I saw her alive on May 25 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dropsy

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) 1 yrs. mos. dr.

(Signed) H. Russell Smith M. D.

May 26 1916 (Address) 2311 Harford ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Evangelical — DATE OF BURIAL, May 27, 1916

20-UNDERTAKER H. Sanders Sons — ADDRESS 1111 Park Ave

CAUSE OF DEATH is plain terms, so that it may be properly classified, and all questions answered. Every certificate is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95398 X 91 C95398

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hospital St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ratcliff Smith

(Residence in Baltimore: No. 2530 N. Fayette St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., 1905
(Month) (Day) (Year)

7-AGE, 11 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Smith

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Edith Kane

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Smith

(Address) Broom Station

15- MAY 27 1916 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22, 1916, to May 27, 1916, that I saw h[illegible] alive on May 27, 1916, and that death occurred, on the date stated above, at 6:40 P.M.

The CAUSE OF DEATH* was as follows:

Cellulitis of Left Foot & Leg

Septic Bronchial Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

....., (Duration) ....yrs. ....mos. ....ds.

(Signed) Ernest Newcomer M. D.

5-27-, 1916 (Address) Maryland Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Croom, Md.

19-PLACE OF BURIAL OR REMOVAL. Croom Station Md. DATE OF BURIAL. May 29, 1916.

20-UNDERTAKER Joseph B. Cook ADDRESS 102 W Balto St.

important. See instructions on back of certificate.

Susie A. Coursey.

C95399

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C95399

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1038 Maldin ST. 21 WARD)

2-FULL NAME Susie Anna Emma Coursey

(Residence in Baltimore: No. 1038 Maldin St.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

6 Hours

St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May 26, 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 6 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: William Earl Coursey

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Elizabeth Schrouds

13-BIRTHPLACE OF MOTHER (State or country): Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Coursey

(Address) 1138 Maldin

15 MAY 27 1916 Filed ..... 191.. ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 26, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1916, to May 26, 1916, that I saw h[illegible] alive on May 26, 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness
Weight 2 1/4 pounds.

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jerome B Brown M. D.

May 26, 1916 (Address) 370 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem | DATE OF BURIAL: May 27, 1916

20-UNDERTAKER: Joseph B Cook | ADDRESS: 1132 W Baltimore St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95400

CERTIFICATE OF DEATH.

91 C95400

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 581 Walnut alley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Shifler

(Residence in Baltimore: No. Same (581 Walnut Alley) St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: January 11, 1916
(Month) (Day) (Year)

7-AGE: ..... yrs. 11 mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Balt., Md

PARENTS.

10-NAME OF FATHER: Anderson Shifler

11-BIRTHPLACE OF FATHER (State or Country): N. C.

12-MAIDEN NAME OF MOTHER: Annie Hann

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anderson Shifler

(Address) 581 Walnut Alley

MAY 27 1916 Filed ..... 191...

ROBERT . KRAUTER, Act'g Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Lobular

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) None

Locomotor Ataxia ..... mos. ..... ds.

(Signed) J. H. Williams, M. D.
(Coroner.)

May 25 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: 5/28, 1916

20-UNDERTAKER: Samuel P. Handley

ADDRESS: W. Biddle St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95401 C95401

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203W North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman A Lyon

(Residence in Baltimore: No. 3203 W North ave St.; ..... yrs. 1 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 25, 1915
(Month) (Day) (Year)

7-AGE, — yrs. 7 mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Canton O. U.

PARENTS.

10-NAME OF FATHER, Henry B Lyon

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Pascuale

13-BIRTHPLACE OF MOTHER (State or Country) Easton Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lyon

(Address) 3203 W North ave

15-

Filed MAY 27 1916, 191.... ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1916, to May 25 1916, that I saw him alive on May 25 1916, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Vascular Asthenia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) G Carroll Lockard M. D.

May 25, 191 6. (Address) G Carroll Lockard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 27, 191 6

20-UNDERTAKER Wm H Taylor & Sons — ADDRESS 1318 Eutaw St

important. See instructions on back of certificate.

C95402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8V C95402

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1516 Eutaw Place ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida N. Moore.

(Residence in Baltimore: No. 1516 Eutaw Place. St.: yrs. Life mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White	Widow

6-DATE OF BIRTH, Sept. (Month) 13. (Day), 1854 (Year)

7-AGE, 62 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Levy Griffin

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Ida Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johnetta H. Moore

(Address) 1516 Eutaw Place

15- Filed MAY 27 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Thrombosis.

(Duration).....yrs.....mos.....ds.

(Signed) J. Edward Smith M. D.
(Coroner)

May 26 191.. (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mes....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 28 1916.
20-UNDERTAKER	ADDRESS
Stewart & Mowen Co	108 W. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95403

CERTIFICATE OF DEATH.

151 C95403

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3623 Maple Ave ST.; 43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Greeley

(Residence in Baltimore: No. 3623 Maple Ave St.; ...yrs., 8 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, ... Aug. (Month) 30 (Day), 1907 (Year)

7-AGE, ... yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bait. md

PARENTS.

10-NAME OF FATHER, John W Greeley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Hyde

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Greeley

(Address) 3623 Maple Ave

15- Filed MAY 27 1916 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 5 (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-24 1916, to 5-27 1916, that I saw h.. alive on 5-26 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

..... Marasmus .....

..... (Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) Intussusception

..... (Duration) ...yrs. 8 mos. ...ds.

(Signed) C. F. Conaghan M. D.

5-27, 1916 (Address) 3701 Roland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Loders Balto Co. DATE OF BURIAL, May 29, 1916

20-UNDERTAKER Dunworth & Son ADDRESS 367 Chestnut Ave

Cause of death to be plainly written, and statement of occupation is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 70 C95404

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. At or Near Mercy Hospital (in ambulance) ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Aida Macklanel

(Residence in Baltimore: No. 1057 Ruby St.: yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Baltimd

PARENTS.

10-NAME OF FATHER, Thomas Handy

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sallie Green

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Flynn Macklanel

(Address) ..... 1057 Ruby

15- MAY 27 1916 ROBERT KRAUTER, Filed ....., 191.... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... by ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Bright's disease .....

..... Dont Know (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner)

May 27, 1916. (Address) ..... Herg Bureau .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Interment Druid Ridge Cemetery

DATE OF BURIAL, May 27 1916

20-UNDERTAKER Leon Hobbs

ADDRESS 1741 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95405 — 84 C95405

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~1427~~ 1427 Covington ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Hadaway

(~~Residence in Baltimore~~ No. 1427 Covington St. ~~6 yrs. 1 mos. 11~~ 1 day. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 15 (Day), 1910 (Year)

7-AGE, 6 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS.

9-BIRTHPLACE, (State or Country) Chestertown Md

10-NAME OF FATHER, John T. Hadaway

11-BIRTHPLACE OF FATHER (State or Country), Kent Co. Md.

12-MAIDEN NAME OF MOTHER, Gertrude Carter

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hadaway

(Address) Kent Co.

15 MAY 27 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, ~~That I attended deceased from~~ ....191 , to 191 , that I saw h alive on May 25 1916, and that death occurred, on the date stated above, at 9:20 p m.

The CAUSE OF DEATH* was as follows:

Status Lymphaticus

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Idiot with general dymph atism

(Duration) 6 yrs. ....mos. ....ds.

(Signed) G. M. Mitchell M. D.

May 27, 1916 (Address) 11 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Chestertown Md.

19-PLACE OF BURIAL OR REMOVAL, Chestertown Kent Co. Md. DATE OF BURIAL, May 27 191 6

20-UNDERTAKER J. Fenwick McCully ADDRESS 39 E. Fort Ave

CAUSE OF DEATH to be plain words, so that it may be properly classified. Last statement of OCCUPATION very important. See instructions on back of certificate.

Nicholas B. Scarlatti.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

Nicholas B. Scanland.

C95406

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95406

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Poplar Grove ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas B. Scanland

(Residence in Baltimore: No. 1521 Poplar Grove St.; 40 yrs., ~~11~~ mos. ~~14~~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 12 (Day), 1875 (Year)

7-AGE, 40 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Master mechanic
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Nathan Scanland

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sallie Harvey

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary V Scanland

(Address) 1521 Poplar Grove st—

15- Filed MAY 27 1916, 191.... ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1916, to May 26 1916, that I saw h im alive on May 26 1916, and that death occurred, on the date stated above, at 6.15 a. m.

The CAUSE OF DEATH* was as follows:

Acute indigestion

about 3 hours (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Angina pectoris

supposed to be known (Duration) ....yrs....mos....ds.

(Signed) C. W. Hoffman M. D.

May 26, 1916. (Address) 2100 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Hagerstown Md	May 28, 1916
20-UNDERTAKER	ADDRESS
Wm Kauteon	231 N Gay

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.---8-24-14---M. & T.---2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95407

CERTIFICATE OF DEATH.

28 C95407

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Ramsay ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Martin

(Residence in Baltimore: No. 1405 Ramsay St ST.; 40 yrs., 2 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb (Month) 27 (Day) 1876 (Year)

7-AGE, 40 yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Thos Tyrell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Crosby

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Martin

(Address) 1405 Ramsay st

15- Filed MAY 27 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1916, to May 25 1916, that I saw h... alive on May 25 1916, and that death occurred, on the date stated above, at 5 20 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Brain Tuber

(Duration) 1 yrs. mos. ds.

(Signed) Stephen A. Blair M. D.

May 26, 1916. (Address) 727 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	May 27 1916.
20-UNDERTAKER	ADDRESS
John J. Fields	1200 W Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Date and time of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Kazimir Wontropski

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95408 C95408

CERTIFICATE OF DEATH.

170 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S. Wolfe ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kazimir Wontropski

(Residence in Baltimore: No. 315 S Wolfe St. St.; 48 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~. (Write the word.) Married

6-DATE OF BIRTH. March 4th, 1865 (Month) (Day) (Year)

7-AGE. 51 yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Shoemaker.
(b) General nature of industry, business, or establishment in which employed (or employer). Home Shop.

9-BIRTHPLACE, (State or Country). Austria Poland

PARENTS.

10-NAME OF FATHER. Andrew Wontropski

11-BIRTHPLACE OF FATHER (State or Country). Austria Poland

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. 1916

(Informant) Mrs. K. Wontropski

(Address) 315 S. Wolfe St.

15- ROBERT KRAUTER, Registrar. MAY 27 1916 Burial Permit (Issued)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 26, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 26 1916, that I saw h in alive on May 26 1916, and that death occurred, on the date stated above, at 1 4 m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis.

(Duration) yrs. Unknown mos. ds.

CONTRIBUTORY (Secondary) Edema of lungs

(Duration) yrs. mos. 8 hrs ds.

(Signed) H. Jarmuzewski M. D.

May 26, 1916. (Address) 2431 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Holy Rosary. DATE OF BURIAL. May 29, 1916.

20-UNDERTAKER W. F. Sadowske ADDRESS 705 S. Ann St

CAUSE OF DEATH to be properly certified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Victoria Sinorowska.

Spec.—8-24-14—M. & T.—2000 Bks. Victoria Smorowska.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95409 — 91 C95409

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 Thames St ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Smorowska

(Residence in Baltimore: No. 1630 Thames St.; ....yrs., 4 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, August 23, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 4 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wladislaw Smorowska

11-BIRTHPLACE OF FATHER (State or Country), Poland Russia

12-MAIDEN NAME OF MOTHER Sophie Kunatowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wladislaw Smorowski

(Address) 1630 Thames St.

15- MAY 27 1916 ROBERT . KRAUTER, Registrar.
Filed....., 191... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to May 15 1916, that I saw her alive on May 15 1916, and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

.....

.....

Bronchial Pneumonia

..... (Duration).....yrs.....mos. 11 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration).....yrs.....mos.....ds.

(Signed) Wm. D. Butler M. D.

....., 191... (Address) 1621 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary Cem	May 27 191 6.
20-UNDERTAKER	ADDRESS
M. F. Sadowski	705 S. Ann St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact duration of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095410 095410

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 3017 Brighton ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Deborah L Sefton

(Residence in Baltimore: No. 3017 Brighton St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	widow

6-DATE OF BIRTH, April (Month) 1 (Day), 1836 (Year)

7-AGE, 80 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Carroll Co. Md

PARENTS.

10-NAME OF FATHER, Joseph Foutz Sr.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Root

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harvey L. Sefton

(Address) Philadelphia Pa

15-

Filed MAY 27 1916 121 ROBERT KRAUTER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1915, to May 25 1916, that I saw her alive on May 25" 1916, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis

(Duration) 2 yrs. 5 mos. 20 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

(Signed) Herbert E. Sefton M. D.

May 26, 1916. (Address) 3052 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Thurmont Md. DATE OF BURIAL, May 29, 1916

20-UNDERTAKER Chas. G. Black ADDRESS 120 W. Mulberry St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Name institution if DEATH occurred in one. Name information of OCCUPATION if very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

095411

HEALTH DEPARTMENT—CITY OF BALTIMORE

095411

CERTIFICATE OF DEATH.

8

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 S Milton Ave St.; WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladyslaw Posinska

(Residence in Baltimore: No. 814 S Milton Ave St.; Ward.) Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 28 (Day), 1915 (Year)

7-AGE, 1 yrs. 3 mos. 29 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Andrew Posinska

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Katie Lubowiak

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Posinska

(Address) 814 S Milton

15- Filed MAY 27 1916 ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1916, to May 26 1916, that I saw him alive on May 26 1916, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(Duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) .... yrs. .... mos. .... ds.

(Signed) William H. Johnson M. D.

May 27, 1916. (Address) 201 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, May 27, 1916.

20-UNDERTAKER Stephen J Fialkowski — ADDRESS 1019 S Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. (After statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95412

C95412

151

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 Wilkens Av ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Estella Londenslager

(Residence in Baltimore: No. 2010 Wilkens av St.; — yrs., — mos. 17 hours ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	Single

6-DATE OF BIRTH, 5 (Month) 26 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
X yrs. X mos. X ds.	17 hrs. or X min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER May E Londenslager (single)

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May E. Londenslager

(Address) 2012 Wilkens Ave

15- Filed MAY 27 1916, 191. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-26 191 6, to 5-26 191 6, that I saw h~~e~~ alive on 5-26 191 6, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Premature birth about 6 mos

foetus 17 hours

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Premature birth 17 hours

(Duration) X yrs. X mos. X ds.

(Signed) R B Wilson M. D.

5/26, 191 6. (Address) 2426 Eldamoth

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, May 27, 191 6

20-UNDERTAKER Geo A Gerber

ADDRESS Balto & Payson Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95413

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95413

C95413

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95413

CERTIFICATE OF DEATH

64

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 905 Elm pl. St.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Ann Handy

(Residence in Baltimore: No. 905 Elm pl. St.: 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: May (Month) 26 (Day), 1864 (Year)

7 AGE: 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Washerwoman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): St Marys Co. Md

PARENTS

10 NAME OF FATHER: Abaham Demmes

11 BIRTHPLACE OF FATHER (State or country): St Marys Co.

12 MAIDEN NAME OF MOTHER: Mary A Demmes

13 BIRTHPLACE OF MOTHER (State or country): St Marys Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Sofa Smith (niece)
(Address): 921 Dover St

15 Filed MAY 27 1916, 191 ROBERT, KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 26 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1916, to May 26 1916, that I saw her alive on May 25, 1916, and that death occurred, on the date stated above, at 5.50 a.m.
The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) — yrs. — mos. 3 ds

Contributory (SECONDARY) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), R B Kenyon M. D.

May 26, 1916. (Address) 422 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 28. 1916

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Pa ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095414

CERTIFICATE OF DEATH.

095414

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1243 Mulkins St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Dickson

(Residence in Baltimore: No. 1243 Mulkins St. St.; 37 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colord	Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
49 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Genl Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Work

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Charles colon

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary anderson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elpander Dickson

(Address) 1243 Mulkins St

15- ROBERT J. KRAUTER, Burial Permit Clerk

Filed MAY 27 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 25 1916, that I saw h[illegible] alive on May 24 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Disease of Heart
acute

(Duration) ..... yrs. 1 mos. 25 ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) ..... yrs. 1 mos. 25 ds.

(Signed) D. H. W. Kennard M. D.

May 26 191. (Address) 708 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	May 28 1916.

20-UNDERTAKER	ADDRESS
P. C. Gross	1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95415 C95415

CERTIFICATE OF DEATH.

113

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 S Port ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lindner

(Residence in Baltimore: No. 805 S. Port St.; 38 yrs., 6 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. 28, 1877
(Month) (Day) (Year)

7-AGE, 38 yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Lindner

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Sadie Galt.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Lindner

(Address) 805 S. Port St.

15- Filed MAY 27 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 25 1916, that I saw h[im] alive on May 24 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cholemia
(Duration) ..... yrs. ..... mos. 24 ds.

(Signed) M. J. McAvoy M. D.

May 27, 191.7 (Address) 839 S. Ellwood Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Alphonsus Cem.	May 29, 191.6
20-UNDERTAKER	**ADDRESS**
Lilly & Zeiler	403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 95416

CERTIFICATE OF DEATH.

120 C95416

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 N. Bradford St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hoskins

(Residence in Baltimore: No. 1608 N. Bradford St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE. about 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe-maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Edwin Hoskins

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Hoskins

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam Albert

(Address) 1608 N. Bradford

15- MAY 27 1916 Filed ....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1916, to May 25 1916, that I saw him alive on May 24 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

unknown (Duration) yrs. mos. ds.

(Signed) I. S. Hertzog M. D.

May 26, 1916 (Address) 1305 Patterson Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, May 28, 1916

20-UNDERTAKER Wm J Tickner & Son — ADDRESS North Ave

1305 N. Patterson Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95417

CERTIFICATE OF DEATH

151

REGISTERED No. C

C95417

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 416 E. Lilmore ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Howard

(Residence in Baltimore: No. 416 E. Lilmore St.: yrs. mos. 7 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May 18, 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. 7 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: James E. Howard

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Hattie Reed

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James E. Howard.

(Address) 416 E. Gilmore st.

MAY 27 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 26th (Day) 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 22nd 1916, to May 25th 1916, that I saw her alive on May 25th 1916, and that death occurred, on the date stated above, at 4.45 P. m.
The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Geo. F. Lauenbach M. D.

May 26th 1916 (Address) 2215 N. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters. DATE OF BURIAL: May 27, 1916

20-UNDERTAKER: Wilbert Brown ADDRESS N. 306 Mont st.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95418

CERTIFICATE OF DEATH.

89 C95418

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1106 W Lexington St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Augustus Young

(Residence in Baltimore: No. 1106 W Lexington St.; 1 yrs., 6 mos., 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. (Month) 13 (Day), 1916 (Year)

7-AGE, ... yrs. 3 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Francis A. Young

11-BIRTHPLACE OF FATHER (State or Country), Jamaica W I.

12-MAIDEN NAME OF MOTHER Mary Richards

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Young

(Address) 1106 W Lexington St

15. Filed MAY 27 1916, 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1916, to May 25 1916, that I saw h[illegible] alive on May 23 191-, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ..... yrs. 7 mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Smith M. D.

May 26, 1916 (Address) 11 E 4 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, May 28, 1916

20-UNDERTAKER Alfred J. Freeland ADDRESS 1145 Druid St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95419

CERTIFICATE OF DEATH.

84 C95419

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2245 E Lehnse ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry F. Sites

(Residence in Baltimore: No. 2245 E. Lehnse St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 11, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Henry A Sites

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Teresa M. Nentrill

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Kennedy

(Address) 2245 E Lehnse St

15-MAY 28 1916 Filed....., 191.....

ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1916, to May 26 1916, that I saw h[illegible] alive on May 25 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

.....(Duration)....yrs....mos....7....ds.

CONTRIBUTORY (Secondary) Cerebral Adenitis

with abscess (Duration)....yrs....mos....28....ds.

(Signed) Alvin B Lemmon M. D.

May 27, 1916. (Address) 1131 Patterson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, 5-28, 1916.

20-UNDERTAKER H C Brauning Son

ADDRESS 517 N Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95420

CERTIFICATE OF DEATH.

109 C95420

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Patapsco ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Catharine Mc Mahon.

(Residence in Baltimore: No. 1612 Patapsco St. St.; 78 yrs., 7 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct. (Month) 10 (Day), 1837 (Year)

7-AGE, 78 yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Household
(b) General nature of industry, business, or establishment in which employed (or employer): duties

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Hingate Parks

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Lillie C. Mc Namara.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Mc Mahon

(Address) 1612 Patapsco St.

15. Filed MAY 28 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to May 27 1916, that I saw h[illegible] alive on May 27 1916, and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

Acute Obstruction of Intestines

(Duration) 1 yrs. mos. 6 dd.

CONTRIBUTORY (Secondary) Umbilical Hernia,

(Duration) 50 yrs. 1 mos. ds.

(Signed) J. F. Hawkins M. D.

May 27, 191.. (Address) 18 Randall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, May 28, 1916

20-UNDERTAKER J. Fenn Mc Cully ADDRESS 392 E. Fort Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95421 42 C95421

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 S. Charles ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora E Carnes

(Residence in Baltimore: No. 1201 S Charles St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, Feb 21 (Month) (Day), 1877 (Year)

7-AGE, 39 yrs. 3 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, J. W. Higgs

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Alice Mitch

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm E Carnes

(Address) 1201 S Charles St.

15- MAY 28 1916 ROBERT KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1916, to May 26 1916, that I saw h[illegible] alive on May 26 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Clinical Diagnosis

(Duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Phlebitis

(Duration) 3 yrs. mos. ds.

(Signed) R. E. Campbell M. D.

May 27 1916 (Address) 624 S Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Cem. DATE OF BURIAL, May 28 1916

20-UNDERTAKER Fred A. Krause ADDRESS 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95422

CERTIFICATE OF DEATH.

120 C95422

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Poplar Grove ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Dodson Jones

(Residence in Baltimore: No. 1528 Poplar Grove St.; 60 yrs.,.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March (Month) 9 (Day), 1855 (Year)

7-AGE, 61 yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Show card writer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St Michaels Md.

PARENTS.

10-NAME OF FATHER, Lawrence Jones

11-BIRTHPLACE OF FATHER (State or Country), St. Michael's Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Belle Jones (wife)

(Address) 1528 Poplar Grove St.

15- Filed MAY 28 1916 191.. ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 1913, to May 25 1916, that I saw h.. alive on May 25 1916, and that death occurred, on the date stated above, at 7:35 P. m.

The CAUSE OF DEATH* was as follows:

...Chronic Interstitial Nephritis.....

....Dropsy.....Cardiac Incompetency.....

..... (Duration)...1...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

.....(Duration)...one...yrs.....mos.....ds.

(Signed) C. A. P. Carman M. D.

May 25 1916. (Address) 1707 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemeteries — DATE OF BURIAL, May 28 1916

20-UNDERTAKER H E Hughes 17 — ADDRESS S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95423 C95423

CERTIFICATE OF DEATH.

80

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 E 28th St ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Smith Ford

(Residence in Baltimore: No. 316 E 28th St St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 8 (Day), 1837 (Year).

7-AGE, 79 yrs. 0 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer). Govt Service

9-BIRTHPLACE, (State or Country), Fairmount Md

PARENTS.

10-NAME OF FATHER, Samuel S. Ford.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Cecilia Somers.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Samuel Ford.

(Address) 316 E 28th St.

15- MAY 28 1916 Filed....., 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 16th, 191.., to May 25th, 1916, that I saw h.. alive on May 25th 1916, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Sclerosis Coronary Arteries

(Duration) Unknown mos. ....ds.

(Signed) Wm Leonard Brake M. D.

May 27, 1916. (Address) 1900 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Upper Fairmount, Somerset Co Md — DATE OF BURIAL, May 30, 1916

20-UNDERTAKER H E Hughes — ADDRESS 17 E Broadway.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95424

CERTIFICATE OF DEATH.

120 C95424

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Linden Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E McCauley

(Residence in Baltimore: No. 1007 Linden Ave St.; 50 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day), 1842 (Year)

7-AGE, 74 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Maine

PARENTS.

10-NAME OF FATHER: John A. Dodge

11-BIRTHPLACE OF FATHER (State or Country): Maine

12-MAIDEN NAME OF MOTHER: Mary L. Gilman

13-BIRTHPLACE OF MOTHER (State or Country): Maine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Celesta Ellis

(Address): 841 Park Ave

15- Filed MAY 28 1916, 191.... ROBERT P. BRAUER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/22/ 1916, to 5/27/ 1916, that I saw her alive on 5/27/ 1916, and that death occurred, on the date stated above, at 11:25 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

uremia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Dilated heart

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) G. W. Dexter M. D.

5/28/, 1916 (Address) 20 20 W. Charles.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: May 29, 1916

20-UNDERTAKER: E. M. Mote Lellet Co.

ADDRESS: 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95425

CERTIFICATE OF DEATH.

120 C95425

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3159 Cedar Ave ST.; 13th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Rogers'

(Residence in Baltimore: No. 3159 Cedar Ave. Life time yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH. Jan (Month) 25 (Day), 1842 (Year)

7-AGE. 74 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

PARENTS.

9-BIRTHPLACE, (State or Country), Maryland Balto

10-NAME OF FATHER, George E Reisler

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lillian Colburn

(Address) 3159 cedar ave

15- Filed MAY 28 1916, 191.. ROBERT . KRAUTER, Asst. Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916, to May 27 1916, that I saw h er alive on May 26 1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Acute Parenchymatous Nephritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) yrs. 1 mos. ds.

(Signed) E. J. Davies M. D.

May 27, 1916 (Address) 800 21 33rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, May 29, 1916

20-UNDERTAKER Wilson H Skinner

ADDRESS 1018 Edmondson ave

C95426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 C95426

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 4 or. Mt. Royal — St.: 11 WARD)
2-FULL NAME Herbert Hobbs
(Residence in Baltimore: No. 892 Fayette St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
The

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: Blk
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: December (Month) 1 (Day) ..... (Year)

7-AGE: 28 yrs. 4 mos. 4 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer on st
(b) General nature of industry, business, or establishment in which employed (or employer): St Laborer

9-BIRTHPLACE, (State or Country): Md Balto

PARENTS.
10-NAME OF FATHER: Hanson Hobbs
11-BIRTHPLACE OF FATHER (State or Country): Md
12-MAIDEN NAME OF MOTHER: Lidia Puntka
13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Joseph Puntka
(Address) 1923 Division

15- MAY 28 1916 191.... ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accident - Drowned
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) None
(Duration) yrs. mos. ds.

(Signed) F. J. McCahan M. D. (Coroner.)
May 27, 191.. (Address) 4192 Easton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death None yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? None
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery
DATE OF BURIAL, May 28, 1916
20-UNDERTAKER Joseph A. Farrell
ADDRESS 2319 Division St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95427

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C95427

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N. Biddle ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vergie Wallace

(Residence in Baltimore: No. 120 N. Biddle St.; — yrs. — mos. 1½ hours ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	C & C	Infant

6-DATE OF BIRTH: May (Month) 27 (Day), 1916 (Year)

7-AGE: — yrs. — mos. — ds. If LESS than 1 day, 1½ hrs., or — min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City. Md

PARENTS

10-NAME OF FATHER: George Wallace

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Vergie Davis

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Wallace

(Address) 120 N. Biddle St

15- MAY 28 1916 Filed....., 191 ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27, 1916, to, May 27 1916, that I saw her alive on May 27 1916, and that death occurred, on the date stated above, at 9.30 p.m.

The CAUSE OF DEATH* was as follows:

Premature birth
7 months

(Duration) ... yrs ... mos. ... ds.

Contributory (SECONDARY)

(Duration) ... yrs ... mos. ... ds.

(Signed), H. S. Pelteclair M. D.

May 27, 1916. [Address] 817 Hamilton Terrace

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: 5/29/16

20-UNDERTAKER: Samuel S. McEwen ADDRESS: 578 W. Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

695428

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1938 White — St.; 20 Ward)

REGISTERED NO. C 695428

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geneva Butler

(Residence in Baltimore: No. 1938 White St St. 30 yrs., 3 mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, 2 (Month) 15 (Day), 1884 (Year)

7-AGE, 32 yrs. 3 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Washington, D C.

PARENTS.

10-NAME OF FATHER, George Henderson

11-BIRTHPLACE OF FATHER (State or Country), Fredericksburg Va.

12-MAIDEN NAME OF MOTHER Eliza Guy

13-BIRTHPLACE OF MOTHER (State or Country), Caroline, Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C Butler

(Address) 1938 White St

15- MAY 28 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3rd 1916, to May 25 1916, that I saw her alive on May 24th 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Chills & Collapse

(Duration) yrs. mos. 21 ds.

(Signed) C W Barker M. D.

May 26, 1916 (Address) 1403 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery — DATE OF BURIAL, MAY 29 1916

20-UNDERTAKER Samuel T Hawley — ADDRESS 578 N Bedale

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-[illegible]—M. & T.—500 Bks.

C95429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C95429

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3618 Gorsuch av. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Hoffman

(Residence in Baltimore: No. 3618 Gorsuch av. St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: ..... (Month) Dec 19 (Day), 1843 (Year)

7-AGE: 72 yrs. 5 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Brick Mfg.

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: William Hoffman

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Elizabeth Heines

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Hoffman

(Address) 3618 Gorsuch Ave.

15- Filed MAY 28 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: ..... (Month) May 25 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to May 25 1916, that I saw him alive on May 24 1916, and that death occurred, on the date stated above, at 4-30 a.m.

The CAUSE OF DEATH* was as follows:

Asthma Chronic

Influenza (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ....yrs. ....mos. 1 ....ds.

(Signed) ..... M. D.

May 26, 1916. (Address) 1425 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet DATE OF BURIAL, MAY 28 1916, 191....

20-UNDERTAKER: Jno F. Fahey & Son ADDRESS: 1318 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Louis Statholopulos.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

Louis Stathopulos.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95430 X 84 C95430

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 E. Cross ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Stathopulos

(Residence in Baltimore: No. 36 h George St York Pa St.; ..... yrs., 1 mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 14, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), York Pa

PARENTS.

10-NAME OF FATHER, Harry Stathopulos

11-BIRTHPLACE OF FATHER (State or Country), Greece

12-MAIDEN NAME OF MOTHER Helen Dezos

13-BIRTHPLACE OF MOTHER (State or Country), Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Stathopulos

(Address) York Pa

MAY 28 1916 ROBERT , KRAUTER,
Filed ..... 191 ..... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25 1916, to May 27 1916, that I saw him alive on May 25 1916, and that death occurred, on the date stated above, at 9 0 m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Collapse

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. Hamme Jr. M. D.

May 27, 1916. (Address) 885 Lyndhurst

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Crem

DATE OF BURIAL. 5-28, 1915

20-UNDERTAKER Robt Brooks & Son

ADDRESS Calhoun & Hoffman

Sylvan Needles.

C95431

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95431

CERTIFICATE OF DEATH.

175

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3050 W. northan. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvan Needles

(Residence in Baltimore: No. 3050 Brighton St. St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Apr. 20, 1912
(Month) (Day) (Year)

7-AGE, 4 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balto City

PARENTS.

10-NAME OF FATHER, Hyman Needles

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Hella Levis

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Lewis

(Address) 1411 E. Balto

MAY 28 1916 ROBERT . KRAUTER,
Filed ....., 191.... Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pneumonia of Lungs & Exhaustion

18 Minutes (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Ran over by a Wagon

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Mettstein, M. D.
(Coroner.)

May 27, 1916 (Address) 814 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Killed on Street

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Washington Road	5/28, 1916
20-UNDERTAKER Jack Lewis	ADDRESS 1411 Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95432

CERTIFICATE OF DEATH.

79 C95432 REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 3 WARD)

2-FULL NAME Simon Beckerman

(Residence in Baltimore: No. 6 S. Caroline St.; 25 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1858 (Year)

7-AGE, 58 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Simon Beckerman

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Becky Baker

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son. Joseph. Beckerman

(Address) 6 S. Carolina

15- Filed MAY 28 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsies or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Cardiac dilation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. L. Riley (Coroner.) M. D.

May 28, 1916 (Address) 1659 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds. (10 min)

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Herron Run Shula Rd — DATE OF BURIAL: 5-28 1916

20-UNDERTAKER: Jack Lewis — ADDRESS: 1471 E Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95433 170 C95433

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Valley ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Water

(Residence in Baltimore: No. 919 Valley St

St.: 94 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Widower

6-DATE OF BIRTH, Oct (Month) 20 (Day), 1823 (Year)

7-AGE, 92 yrs. 7 mon. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment: in which employed (or employer):

9-BIRTHPLACE, (State or Country), Mary Land Balto

PARENTS.

10-NAME OF FATHER, Foot Waters

11-BIRTHPLACE OF FATHER (State or Country), Unk

12-MAIDEN NAME OF MOTHER Porsilla Montgomery

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Waters

(Address) 919 Valley St

15- FILED MAY 28 1916, 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to May 26 1916, that I saw him alive on May 26 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Old age

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) 9 yrs. 10 mos. ds.

(Signed) James M Faulon M. D.

May 27 191 6 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Forest Cemetery DATE OF BURIAL, May 29, 191 6

20-UNDERTAKER J. A. Bishop ADDRESS 1107 N Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95434

CERTIFICATE OF DEATH.

C95434

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hosp. St.; 23 Ward)

REGISTERED No. C 30

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Davis.

(Residence in Baltimore: No. 922 Leadenhall St. St.; ..... yrs., ... mos. 7yr ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH ..... June (Month) 27 (Day), 1909 (Year)

7-AGE, ... 6 yrs. 11 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, John Davis.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Naomi Davis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) V. Phelps

(Address) J. H. H.

15- MAY 28 1916 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 191 6, to May 27 191 6, that I saw h—alive on May 27 191 6, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

..... (Duration) ..... yrs. 1/2 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert V. Rozenthal M. D.

May ....., 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 922 Leadenhall St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Ct — DATE OF BURIAL, May 30, 1916

20-UNDERTAKER N. L. Brown & Son — ADDRESS 10 W. Monument

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95435

CERTIFICATE OF DEATH.

x 50 C95435

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Blake

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, December 3, 1889
(Month) (Day) (Year)

7-AGE, 26 yrs. 5 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, John W. Golf

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martin

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps

(Address) Johns Hopkins Hosp

15- Filed MAY 29 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1916, to May 28 1916, that I saw her alive on May 28 1916, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Coma

..... (Duration) ..... yrs. ..... mos. 1 hr. ..... ds.

(Signed) Arthur Bloom M. D.

May 26 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Raineville W. Va

19-PLACE OF BURIAL OR REMOVAL, Cally Park R. Va — DATE OF BURIAL, May 29, 1916

20-UNDERTAKER Edward C. Fuller — ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

MAY 29 1916 C95436 C95436

CERTIFICATE OF DEATH.

120 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME, Emma Jones

(Residence in Baltimore: No. 641 Sterling St St.; 45 yrs., 1 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED.
Female	Black	Married

6-DATE OF BIRTH, March 17, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. 1 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Joseph Harden

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Susan White

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- Filed MAY 29 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17, 1916, to May 27, 1916, that I saw her alive on May 27 1916, and that death occurred, on the date stated above, at 8:45 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation & Chronic Interstitial Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) 0 yrs. ....mos. ....ds.

(Signed) Edward C. Smith M. D.

May 27, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 6 ds. In the State 45 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 64 Sterling St

Former or usual residence 641 Sterling St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, ..., 191...

20-UNDERTAKER T. Moodley ADDRESS 357 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

538

C95437

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95437

1 PLACE OF DEATH

REGISTERED No. C 1479

CITY OF BALTIMORE (No 1600 David Kell Ave St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Boulden

(Residence in Baltimore: No. 1600 David Kell Ave St.; 33 yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Negro	Single

6 DATE OF BIRTH ..... (Month) April (Day) 4 , 1874 (Year)

7 AGE 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Waitress
(b) General nature of industry, business, or establishment in which employed (or employer): Balto County Club

9 BIRTHPLACE (State or country): Somerset Co Md

PARENTS

10 NAME OF FATHER: Gilbert Boulden

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary F Fillon

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lena Colburn

(Address) 1600 David Kell Ave

15 Filed MAY 29 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 26, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 6, 191.. to May 26 191..

that I saw her alive on May 6, 191..

and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) ... yrs. ... mos. 1 ds

Contributory (SECONDARY) Chronic Myocarditis

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Hamburger M. D.

5/26, 191.. (Address) 731 Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Carburn | DATE OF BURIAL ..., 191.. MAY 29 1916

20 UNDERTAKER: Samuel I Kemler | ADDRESS 578 N Bdwy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95438 — 28 — C95438

CERTIFICATE OF DEATH.

REGISTERED No. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 877 Linden Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Mildred Chapel

(Residence in Baltimore: No. 877 Linden Ave St.; 1 yrs., 6 mos. 21 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	black	single

6-DATE OF BIRTH, November 14, 1910.
(Month) (Day) (Year)

7-AGE, 5 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Geo Chappell

11-BIRTHPLACE OF FATHER (State or Country), ? Balto Md

12-MAIDEN NAME OF MOTHER: Ida Chapel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Clauson

(Address) Johns Hopkins Hospital

15- Filed MAY 29 1916, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916, to April 27 1916, that I saw her alive on May 26 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ...yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Gilbert M Rowntree M. D.

May 27, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cree — DATE OF BURIAL, ..., 191..

20-UNDERTAKER Chas E Leasby — ADDRESS 578 Mad

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

MAY 29 1916 C95439 42 C95439

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2827 St. Paul ST.; 17 WARD)

2-FULL NAME Charlotte Muncken

(Residence in Baltimore: No. 2827 St. Paul St.; 58 yrs., 3 mos. 28 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, June (Month) 28 (Day), 1856. (Year)

7-AGE, 58 yrs. 3 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Wm. Roedel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Katherine Boundner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) P.S. Bourdeau-Sisco M.D.
(Address) 1315 N. Charles St.

15- Filed MAY 29 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 1914 ~~191~~, to May 26 1916, that I saw h er alive on May 24 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma uteri
Clinical Diagnosis
Nov (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) P.S. Bourdeau-Sisco M. D.
May 26 1916 (Address) 1315 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 29, 1916

20-UNDERTAKER Mr. & Mrs. Jno. N. Teufel — ADDRESS 801 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95440 C95440

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Murray Gosnell

(Residence in Baltimore: No. 1346 James St St.; 42 yrs., 6 mos. 21 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 5th, 1873
(Month) (Day) (Year)

7-AGE, 42 yrs. 6 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) United R.R.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Washington Gosnell

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Emily R. Murray

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Gosnell

(Address) 1346 James St.

15- Filed MAY 29 1916 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1916, to May 26 1916, that I saw h.. alive on May 26 1916, and that death occurred, on the date stated above, at 7.45 p. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart
Myocarditis

(Duration) ....yrs.....mos.?.....ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (Duration) ?...yrs.....mos.....ds.

(Signed) ....S. McCullough.....M. D.

May 25, 1916. (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State 42 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1346 James St

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, May 29th 1916.

20-UNDERTAKER Mrs. Mrs. John H. Deufel ADDRESS 801 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95441 C95441

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. 1400 N. Washington ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Warnefeld

(Residence in Baltimore: No. 1400 N. Washington St.; 52 yrs., 1 mos. 3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. April 24th, 1864. (Month) (Day) (Year)

7-AGE. 52 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John G. Warnefeld

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Volkert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella M. Warnefeld

(Address) 1400 N. Washington st

15- Filed MAY 29 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1916, to May 27 1916, that I saw h[illegible] alive on May 27 1916, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Cut Carbuncle of Face

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. F. Gibney M. D.

May 28, 1916. (Address) 622 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	May 30th, 1916.
20-UNDERTAKER	**ADDRESS**
George Schilling & Sons	1126 E Monument

095442

HEALTH DEPARTMENT—CITY OF BALTIMORE

095442

CERTIFICATE OF DEATH.

F169

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Port Covington ST.: 24 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvatore D'Arrigo

(Residence in Baltimore: No. Steamship Stromboli Port Covington St.: ~~No.~~ ~~Ave.~~ Sts.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Don't Know (Month), 1 (Day), ... (Year)

7-AGE	If LESS than 1 day, ...hrs. or....min.?
20 yrs. — mos. — ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Genoa Italy

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Follezi Battista

1st Officer Steamship Stromboli Port Covington
(Address)

15- MAY 29 1916 HARRY C. ANDREWS
Filed....., 191..... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Ins death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Geo. M. Rembardt M. D.
(Coroner.)

May 28, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence S.S. Stromboli

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent Cem.	May 29 1916
20-UNDERTAKER Wm. H. Black	ADDRESS Catonsville, Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

60

095443

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95443

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C95443

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2733 Huntingdon St. 12th Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Merle E. Seegaard

(Residence in Baltimore: No. 2733 Huntingdon Ave St. ..... yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): ~~Single~~

6-DATE OF BIRTH: June (Month) 9 (Day) 1915 (Year)

7-AGE: ..... yrs. 11 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Elmer Seegaard

11-BIRTHPLACE OF FATHER (State or country): Norway

12-MAIDEN NAME OF MOTHER: Anna Jones

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elmer Seegaard

(Address) 2733 Huntingdon

15- MAY 29 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3, 1916, to, May 28 1916, that I saw him alive on May 28 1916, and that death occurred, on the date stated above, at 3.09 a m.

The CAUSE OF DEATH* was as follows:

Cerebro spinal Meningitis

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (SECONDARY) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 20 ds.

(Signed), L. A. Richardson M. D.

May 28, 1916 [Address] 1120 W. 25th St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cemetery — DATE OF BURIAL: May 29, 1916

20-UNDERTAKER: E. & R. Stuffler — ADDRESS: 844 W. 36th St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C95444

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95444

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1394 N. Stockton St. 15 91 REGISTERED No. C

CITY OF BALTIMORE: (No. 1394 Woodyer ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Matthews

(Residence in Baltimore: No. 1367 N. Calhoun St.; 3 yrs., 1 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, April (Month) 6 (Day), 1913 (Year)

7-AGE, 3 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Richard Matthews

11-BIRTHPLACE OF FATHER (State or Country), Balto. City Md.

12-MAIDEN NAME OF MOTHER Amelia Gross

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelie Matthews

(Address) 1367 N. Calhoun St.

15- Filed MAY 29 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1916, to May 26 1916, that I saw him alive on May 26 1916, and that death occurred, on the date stated above, at 1-30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. L. McCarthy M. D.

May 26, 191... (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Zion — DATE OF BURIAL, May 29, 1916

20-UNDERTAKER James F. Dennis — ADDRESS 1303 Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95445

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95445

CERTIFICATE OF DEATH

120

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1110 Schott Court ST.: 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Carrie Carter

(Residence in Baltimore: No. 1110 Schott Court, St.: Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Aug. (Month) ..... (Day), 1850 (Year)

7 AGE: 35 yrs. 9 mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Ellen Carter.

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nola Johnson

(Address) 1110 E. Hoffman

MAY 29 1916

Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 27 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1916, to May 27 1916, that I saw her alive on May 26 1916 and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

..... (Duration) ..... yrs. 5 mos. ..... ds

Contributory (SECONDARY) Bronchitis + Myocarditis

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Jennie L Byrne M. D.

May 28, 1916. (Address) 1223 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: MAY 29 1916

20 UNDERTAKER: M Doyle and Son — ADDRESS: 156 Lee

Spec.—8-24-14—M. & T.—2000 Bks.

C95446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C95446

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby 7 inch

(Residence in Baltimore: No. 3808 Greenmount Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 27, 1916
(Month) (Day) (Year)

7-AGE, — yrs. — mos. — ds.

If LESS than 1 day, 8 hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, George A. Fuels

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Margaret Shuren

13-BIRTHPLACE OF MOTHER (State or Country), Westmoreland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Fuels Mother of Child

(Address) 3808 Greenmount Ave

15- Filed MAY 29 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 191 6, to May 27 191 6, that I saw h alive on May 27 191 6, and that death occurred, on the date stated above, at 11:30 Pm.

The CAUSE OF DEATH* was as follows:

Premature Labor

..... (Duration) ..... yrs. 7/12 mos. ..... ds.

CONTRIBUTORY (Secondary) Hydramnios

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter L. Dennis M. D.

May 27, 191 6 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 13 ds. In the State ..... yrs. ..... mos. 13 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 3808 Greenmount Ave

19-PLACE OF BURIAL OR REMOVAL, H Fells

DATE OF BURIAL, May 29, 1916

20-UNDERTAKER Wm M. Gaulbert ADDRESS 1634 N Rayd Ave

N. B.—Every question on this form should be answered. If the information given may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it

---

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95447 C95447

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Woodson

(Residence in Baltimore: No. 1413 McElderry St St.; 7 yrs., 4 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: Black
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH, Jan 29, 1907 (Month) (Day) (Year)

7-AGE, 9 yrs. 4 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country): Maryland (City)

PARENTS.
10-NAME OF FATHER, James Woodson
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER Daisy White
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mercy Hospital
(Address) Calvert St

15-MAY 29 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 23 1916, to May 28 1916, that I saw h[illegible] alive on May 28 1916, and that death occurred, on the date stated above, at 8.50 a.m.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia
.....
..... (Duration)....yrs....mos....7....ds.

CONTRIBUTORY (Secondary)
..... (Duration)....yrs....mos....ds.

(Signed) [illegible] M. D.
May 29, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 5 ds. In the State 7 yrs. 4 mos. 1 ds.
Where was disease contracted, if not at place of death? 1413 McElderry St
Former or usual residence 1413 McElderry St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, May 30, 1916.
20-UNDERTAKER P. D. Gross — ADDRESS 1405 McElderry St

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95448

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C95448

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 S. Sharp. St.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Richardson

(Residence in Baltimore: No. 216 S. Sharp St. St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Nov. 24, 1853 62

(Month) (Day) (Year)

7-AGE, 53 yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Henry Hamilton

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Martha Nall

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Johns

(Address) 216 S. Sharp St

15- Filed MAY 29 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1916

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febry 20 1916, to May 29 1916, that I saw her alive on May 28 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 30 days

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) David A. Wagner M. D.

May 29, 1916 (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State ..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, June 1, 1916

20-UNDERTAKER John H. Toadvine — ADDRESS 142

I. B.—Every item of information should be carefully applied. ACCURACY in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95449

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95449

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH General German Aged Peoples Home REGISTERED No. C.....

CITY OF BALTIMORE: (No. Baltimore & Payson ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Thoms

(Residence in Baltimore: No. N E Cor Baltimore & Payson St. 11 yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 5 (Day), 1835 (Year)

7-AGE, 81 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Gardner
(b) General nature of industry, business, or establishment in which employed (or employer)..... At the Home

9-BIRTHPLACE, (State or Country), Bayern Germany

PARENTS.

10-NAME OF FATHER, not Known

11-BIRTHPLACE OF FATHER (State or Country), not Known

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd. St. German Aged Home

(Address) Baltimore & Payson Sts

15- HARRY C. ANDREWS MAY 29 1916

Filed Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 191 , to May 28 1916 , that I saw h in alive on May 28 1916 , and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 4 yrs. ....mos. ....ds.

(Signed) F. W. Hobelmann M. D.

May 29, 1916. (Address) 1908 W. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 11 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? General German Home

Former or usual residence General Ger Aged Home

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, May 30, 1916

20-UNDERTAKER C. D. Cook ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95450 HEALTH DEPARTMENT—CITY OF BALTIMORE C95450

CERTIFICATE OF DEATH. 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. N. Milton Ave. Ohio Street 16 WARD)

2-FULL NAME Mamie Holladay.

(Residence in Baltimore: No. 616 N. Stockton St. St., 5 yrs., mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH. Unknown, 1889
(Month) (Day) (Year)

7-AGE. 27 yrs. mos. ds. Not Birthday

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Keeping

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Harry Smith

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Margaret Washington

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Smith

(Address) 1115 Wilson

15- Filed MAY 29 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Failure

4 hours
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure " " "
(Duration) yrs. mos. ds.

(Signed) J. Wellington, M. D.
(Coroner)

May 28 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Burton Mem. Rappahannock Co Va	May 30 1916
20-UNDERTAKER Asst. H. Chase Son	ADDRESS 1400 Washington Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95451

CERTIFICATE OF DEATH.

170 C95451

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 E North Ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P Atkinson

(Residence in Baltimore: No. 1138 E North Ave St.; 67 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widower

6-DATE OF BIRTH. Sep ....., 1848
(Month) (Day) (Year)

7-AGE. 67 yrs. 8 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Salesman
(b) General nature of industry, business, or establishment in which employed (or employer). Dry goods

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Israel Atkinson

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Mary J. Lewis

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Spencer

(Address) 1138 E. North Ave

15- Filed MAY 29 1916, 191.....

HARRY C. ANELEWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27 th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Ten Years 191.., to May 27 1916, that I saw him alive on May 27 1916, and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Dis
Arterio Sclerosis
b
2 Years (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcohol

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C Hurley F. Brown M. D.

....., 191... (Address) 807 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery. DATE OF BURIAL, May 29 1916

20-UNDERTAKER William Cook. ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95452

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95452

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 Pennsylvania Ave ST.; 47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B Hart

(Residence in Baltimore: No. 1042 Pennsylvania ave St.; 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 29 (Month) (Day), 1874 (Year)

7-AGE, 42 yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, William Hart

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Horace Hart

(Address) 1042 Pennsylvania

MAY 29 1916

Filed....., 191.... Burial Permit Clerk
Registrar.

HARRY C. ANDREWS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1916, to May 27 1916, that I saw h[illegible] alive on May 27 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Endocarditis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Geo. H. Lemmon M. D.

May 29 1916. (Address) 502 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, West Hill Baltimore

DATE OF BURIAL, 5/30/1916, 191.6.

20-UNDERTAKER William Cook

ADDRESS 502 E North ave

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-2[illegible]4—M. & T.—2000 Bks.

(35[illegible]3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C95453

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 S Duncan ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdaline Mary Sang

(Residence in Baltimore: No. 216 S Duncan St St.; 5 yrs. 11 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Infant

6-DATE OF BIRTH, June 21 1910
(Month) (Day) (Year)

7-AGE, 5 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Sang

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Emma Seipel

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Sang

(Address) 216 S Duncan St.

MAY 29 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26 1916, to May 27 1916, that I saw h~ alive on May 27 1916, and that death occurred, on the date stated above, at 8 P.m.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wheatley M. D.

May 29, 1916. (Address) 16 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cem	May 30 1916.
20-UNDERTAKER	ADDRESS
Mendell & Appel	57 S Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95454

CERTIFICATE OF DEATH.

61

REGISTERED No. C 95454

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estella Mehrberi

(Residence in Baltimore: No. 834 W. Baltimore St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 25 (Day), 1887 (Year)

7-AGE, 28 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeper

9-BIRTHPLACE, (State or Country), Pottsville Pa

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam A. Mehrberi

(Address) 834 W. Baltimore St

15- MAY 29 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27th 1916, to May 28 1916, that I saw h— alive on May 28 1916, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Cerebral Abscess

Pachymeningitis (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Marcus Astrin M. D.

5/28, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? at 834 W. Baltimore St

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL, Mount Holy Redeemer — DATE OF BURIAL, May 31, 1916

20-UNDERTAKER Wm Cooke — ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95455 — 79 — C95455

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Mercy Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma McLeod

(Residence in Baltimore: No. 2910 Bernard St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb. (Month) 13 (Day) 1868 (Year)

7-AGE, 48 yrs. 3 mos. 14 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo. F. Hatton

11-BIRTHPLACE OF FATHER (State or Country) Md.

12-MAIDEN NAME OF MOTHER Louisa J. Hatton

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert McLeod

(Address) 2910 Bernard St.

Filed MAY 29 1916, 191.... HARRY [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1916, to May 27 1916, that I saw her alive on May 27 1916 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Insufficiency

(Duration) 11 yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .... yrs. .... mos. .... ds.

(Signed) Edward L. Schmuck M. D.

May 27, 1916. (Address) 1111 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 15 ds. In the State 54 yrs. .... mos.

Where was disease contracted, if not at place of death? 2910 Bernard St.

Former or usual residence 2910 Bernard St.

19-PLACE OF BURIAL OR REMOVAL, W. Cemetery — DATE OF BURIAL, May 30, 1916

20-UNDERTAKER E. A. Wiedefeld Jr. — ADDRESS Fun. Dir.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95456

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95456

103

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 312 Dulany St ST. 1 WARD)
2-FULL NAME Phillip F Hanafin
(Residence in Baltimore: No. 312 Dulany St)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 7 yrs., 3 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) White

6-DATE OF BIRTH, Dec 17, 1907
(Month) (Day) (Year)

7-AGE, 7 yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Francis E Hanafin

11-BIRTHPLACE OF FATHER (State or Country) Bridgeport Conn.

12-MAIDEN NAME OF MOTHER Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Francis E Hanafin
(Address) 312 Dulany St

15- MAY 29 1916, 191....
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

about 3 4 hour (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

.....(Duration)....yrs....mos....ds.

(Signed) Chas. Lynn Emmert M. D.
(Coroner.)
May 26 1916. (Address) Chas. Lynn Emmert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Most Holy Redeemer — DATE OF BURIAL, May 30 1916

20-UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95457

CERTIFICATE OF DEATH.

151 C95457

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Plum Alley St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Stewart

(Residence in Baltimore: No. 1012 Plum Alley St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May 27, 1916 (Month) (Day) (Year)

7-AGE, #yrs. #mos. #ds.

If LESS than 1 day, 11 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... " .....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, William Stewart

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER Ida Sims

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Stewart

(Address) 1012 Plum Alley

MAY 29 1916

Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 27 1916, to May 28 1916, that I saw him alive on May 27 1916 and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

11 hours (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Smith M. D.

May 28, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1012 Plum Al.

Former or usual residence 1012 Plum Alley.

19-PLACE OF BURIAL OR REMOVAL, Montalbon DATE OF BURIAL, May 30 1916

20-UNDERTAKER J. L. Brown & Son ADDRESS 18 Monroe

HEALTH DEPARTMENT—CITY OF BALTIMORE

095158

CERTIFICATE OF DEATH.

114

095158

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 931 Shields alley ST., 17 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert Johnson

(Residence in Baltimore: No. 931 Shields alley, St. ? yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 1, 1867
(Month) (Day) (Year)

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steamboats
(b) General nature of industry, business, or establishment in which employed (or employer): Loading ships

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Do not know

11-BIRTHPLACE OF FATHER (State or Country). " Va

12-MAIDEN NAME OF MOTHER. Do not know

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tommy Johnson

(Address) 931 Shields alley

15-
MAY 29 1916
(Date) 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Paresis / Gall stone + Senility / Acute pain

1 Day (Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Do not know

(Duration) — yrs. — mos. — ds.

(Signed) J. McCleskey M. D.
(Coroner)

May 28 1916 (Address) 819 N Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? Do not know

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, National Cem

DATE OF BURIAL, June 1 1916

UNDERTAKER, Felix B Pyle

ADDRESS 1026 E Monument St

Spec.—8-24-14—M. & T.—2000 Bks.

095459 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 095459

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Abrams

(Residence in Baltimore: No. 1126 Argyle Ave St.; 25 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, June (Month) 10 (Day), 1890 (Year)

7-AGE, 25 yrs. 11 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-Filed MAY 29 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916, to May 27 1916, that I saw h.. alive on May 27 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Pellagra

(Duration) Unknown yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) Unknown yrs. ... mos. ... ds.

(Signed) H. H. Wood M. D.

May 27, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 17 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1126 Argyle Ave

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, May 30, 1916

20-UNDERTAKER John A Soader ADDRESS 142 W Hill St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95460

CERTIFICATE OF DEATH.

79 C95460

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 N. Pittsman St. Ward 8)

2-FULL NAME Louis Rosemann

(Residence in Baltimore: No. 1535 N. Pittsman St.; 83 yrs., 1 mos. 4 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 14 (Month) (Day), 1833 (Year)

7-AGE,	If LESS than 1 day,
83 yrs. 3 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Furmaker
(b) General nature of industry, business, or establishment in which employed (or employer): Own Shop

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Rosemann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorthy Rhein

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Rosemann

(Address) 1535 N. Pittsman St.

15- Filed MAY 29 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May. 29 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1916, to May 29 1916, that I saw h[illegible] alive on May 28 1916, and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis 5 days

Uraemia 12 hours

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Edward Kelly M. D.

May 31, 1916. (Address) 1516 Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 31, 1916
20-UNDERTAKER	ADDRESS
Wm H Rohdecker Jr	730 Park

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95461

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95461

CERTIFICATE OF DEATH

119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1938 W Lanvale ST.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME E Alex Homer

(Residence in Baltimore: No. 1938 W Lanvale St.: 22 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan 26, 1870 (Month) (Day) (Year)

7-AGE: 46 yrs. 4 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Post Office

9-BIRTHPLACE (State or country): Carroll Co Md.

PARENTS

10-NAME OF FATHER: Geo W Homer

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Adelaide Brickert

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. J. Homer

(Address) 1938 W. Lanvale

MAY 29 1916 Filed, 191

ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April-3, 1916, to May-27 1916, that I saw him alive on May-27-, 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute interstitial Nephritis

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Uremia

(Duration) yrs. 2 mos. ds.

(Signed) Martin A Short M. D.

May-28, 1916 (Address) 806 N Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Finksburg Md

DATE OF BURIAL: May 31 1916

20-UNDERTAKER: W M Loudon

ADDRESS: 230 N Green

C95462

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

C95462

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3113 Presbury ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Jane Aikin

(Residence in Baltimore: No. 3113 Presbury St St.; 23 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH: August (Month) 2 (Day), 1851 (Year)

7-AGE: 64 yrs. 9 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Delaware

PARENTS

10-NAME OF FATHER: Milton W. Johnson

11-BIRTHPLACE OF FATHER (State or country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Leah Pyle

13-BIRTHPLACE OF MOTHER (State or country): Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma R. Holmes

(Address) 3113 Presbury St.

MAY 29 1916 Filed 191-

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28, 1916, to, May 28 1916, that I saw h er alive on May 28 1916, and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of right breast.
Later general carcinomatosis
Clinical Diagnosis

(Duration) 2 yrs — mos. — ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), Henry T. Collenberg M. D.

May 29, 1916 [Address] 3103 Clifton Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Wilmington Del. DATE OF BURIAL: May 31 191..

20-UNDERTAKER: F.B. Hepburn ADDRESS: Frederick Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24 14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95463

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95463

CERTIFICATE OF DEATH.

REGISTERED No. C 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3791 Cutler ST.; 20 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul V. Eberling

(Residence in Baltimore: No. 3791 Cutler St; 2 yrs., 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, April 17, 1914 (Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Eberling

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary W. Mulcahy

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Eberling

(Address) 3791 Cutler St

15- FILED MAY 29 1916, 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

5 P.m.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1916, to May 29 1916, that I saw h.. alive on May 29 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Coma

(Duration)..... yrs..... mos. 3 hrs. ds.

CONTRIBUTORY (Secondary) Malignant Scarlet Fever

(Duration)..... yrs..... mos. 14 hrs. ds.

(Signed) Howard W Jones M. D.

May 29, 1916 (Address) Dunbar Co

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, May 31, 1916

20-UNDERTAKER P B Hufnagel — ADDRESS 1733 Frederick Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95464 ×109 C95464

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Galt

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ....yrs.,....mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, January 15, 1865. (Month) (Day) (Year)

7-AGE, 51 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Daniel Galt

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Rebecca Ours

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15 MAY 29 1916 ROBERT J. KRAUTER Registrar.
Filed....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to May 28 1916, that I saw him alive on May 28 1916, and that death occurred, on the date stated above, at 5.10 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Chronic Constipation

Adhesions (Duration) 6 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cancer

(Duration) ....yrs. ....mos. 3 ds.

(Signed) W. E. Dandy M. D.

May 29, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 13 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Petersburg W. Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Petersburg W. Va	May 30, 1916.
20-UNDERTAKER Albert C. Fuller	ADDRESS 221 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×120

C95465

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Fairie Jr

(Residence in Baltimore: No. Johns Hopkins Hosp. St.: ....yrs., 2 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 27, 1857. (Month) (Day) (Year)

7-AGE, 58 yrs. 10 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Exporter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, James Fairie

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Agnes Liddell

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- MAY 29 1916 ROBERT . KRAUTH Burial Permit Dist. No.

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1916, to May 29 1916, that I saw h~~im~~ alive on May 29 1916, and that death occurred, on the date stated above, at 12 30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) Several yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) 1 yrs. ... mos. ... ds.

(Signed) John J. Kyan M. D.

May 29, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 13 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 202 E. 31st St Savannah Ga

19-PLACE OF BURIAL OR REMOVAL, Savannah Ga — DATE OF BURIAL. May 30., 1916.

20-UNDERTAKER Albert C Finlay — ADDRESS 22 N Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95466

CERTIFICATE OF DEATH.

REGISTERED No. C 95466 175

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Md. Genl Hospital ST.: 9 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Strahler

(Residence in Baltimore: No. 1320 Ensor Street ST.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. (Month) 14, (Day) 1858, (Year) /

7-AGE,	If LESS than 1 day,
58 yrs. 3 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Captain of
(b) General nature of industry, business, or establishment in which employed (or employer): Truck Co. B. C. Fire Dept.

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. John Strahler

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Catherine Ferguson

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catharine M. Strahler

(Address) 1320 Ensor St.

15-MAY 29 1916 Filed ..... 191.. MORRIS KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Laceration of the brain.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) accidently caught by automobile

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Mellotheus M. D. (Coroner.)

May 29 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death..... yrs. ..... mos. ..... ds. State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? On the St.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	May 30 1916

20-UNDERTAKER	ADDRESS
Henry W. Masten	505 N. Calvert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95467 C95467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Ashland ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Bergen

(Residence in Baltimore: No. 2306 Ashland ave St.; 77 yrs., 5 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Dec 17 (Month) (Day), 1838 (Year)

7-AGE, 77 yrs. 5 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER, Christian Seaman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Madeline Meaney

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Fischer

(Address) 2306 Ashland ave

15- Filed MAY 29 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1916, to May 27 1916, that I saw h[illegible] alive on May 27 1916, and that death occurred, on the date stated above, at 6-38 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) 1 yrs. ....mos. ....ds.

(Signed) Alois B Lehman M. D.

May 27, 191.6 (Address) 718 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem — DATE OF BURIAL, 5/30..., 1916

20-UNDERTAKER J. Frew McCully — ADDRESS 39 E. Fort

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95468 119 C95468

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Gay ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annetta Bkair

(Residence in Baltimore: No. 730 Gay St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Col.	Widow

6-DATE OF BIRTH, ... (Month) 1868 (Year), 1 (Day)

7-AGE,	If LESS than 1 day,
48 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Annie W. Bunny

(Address) 1900 Linden Ave

15- MAY 29 1916 CORBIT, KRAUTER, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March N. 1916, to May 28th 1916, that I saw h[illegible] alive on May 27th 1916 and that death occurred, on the date stated above, at 8 A 'm.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) H. Irvin Ellis M. D.

5/29, 191.6 (Address) 92 E Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	May 30., 191.6
20-UNDERTAKER George H. Holland	ADDRESS 517 Robert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95469

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 20 C95469

1-PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 1633 Laurens St.; 16 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan C McMasters

(Residence in Baltimore: No. 1633 Laurens St.; 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov 6, 1840 (Month) (Day) (Year)

7-AGE: 75 yrs. 6 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Simon Garrick

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Annie E Buck

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno F. McMaster

(Address) 1633 Laurens St

ROBERT J. KRAUTER
Burial Permit Clerk

MAY 29 1916 Filed ....., 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 28, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1916, 9 am to May 28 1916, 1.30 PM that I saw h[e] alive on May 28, 1916, and that death occurred, on the date stated above, at 1:30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis.
Chr. Interstitial Nephritis
(Duration) 5 yrs. 0 mos. = ds

Contributory (SECONDARY) Cardiac asthenia and Senility
(Duration) 1 yrs. 1 mos. = ds.

(Signed) G. A. Thiede M. D.

May 28, 1916 (Address) 1530 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Walkersville Md. DATE OF BURIAL: May 31 1916

20-UNDERTAKER: James B Hynes ADDRESS: 514 Wilson Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C95470

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95470

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 W. Saratoga ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Potthast

(Residence in Baltimore: No. 729 W. Saratoga St.; 23 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, June 22, 1873
(Month) (Day) (Year)

7-AGE, 42 yrs. 11 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jos. Leib

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Southhast

(Address) 729 W. Saratoga St.

15- Filed ROBERT F. KRAUTHER Registrar. MAY 29 1916 Burial Permit Given 191....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to May 29 1916, that I saw h.. alive on May 28 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 10 mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. L. Chatelain M. D.

May 29, 1916 (Address) 20 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 31, 1916

20-UNDERTAKER Harry W. Felton — ADDRESS W. North Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95471

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95471

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 N Ann ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Tolson

(Residence in Baltimore: No. 216 N Ann St.; 10 yrs., ~ mos. - ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Unknown ....., 1 ..... (Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work ? Family
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Smith

11-BIRTHPLACE OF FATHER (State or Country), M S

12-MAIDEN NAME OF MOTHER Amanda Smith

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Tolson

(Address) 172 Orleans St

15-Filed MAY 30 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 24 1916, to May 27 1916, that I saw h.. alive on May 27 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

4 Days (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Phthisis

Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Dirks M. D.

May 29, 1916, (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Chase's Md — DATE OF BURIAL, May 30..., 1916

20-UNDERTAKER E. M. Underwood — ADDRESS 1610 E Chase St

C95472

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95472

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 217 N. Charles St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Mathews (Mathews)

(Residence in Baltimore: No. 119 N. Collington Ave St.; yrs. 47 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M.	W	Married

6-DATE OF BIRTH, ... Jan. (Month) 1 (Day), 1846 (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 4 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk -
(b) General nature of industry, business, or establishment in which employed (or employer)..... Carpet - Store

9-BIRTHPLACE. (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, George Mathews

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Annie Gallagher

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Lina Mathews

(Address) ..... 119 N. Collington

15- MAY 30 1916 Filed ....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) ..... Inquiry ..... find that said deceased came to ..... his ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Cardiac Dilatation .....

..... Old Burn (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probably Acute Dilatation

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Peters (Coroner.) ..... M. D.

May 29, 1916 (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Olivet Cem	May 30th 1916
20-UNDERTAKER	ADDRESS
J. Sander Sons	710 West N.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95473

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C95473

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 851 n Gay st ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgeka Naurejenpalea

(Residence in Baltimore: No. 851 n Gay st. St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH, April (Month) 25 (Day), 1851 (Year)

7-AGE, 65 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Greece

PARENTS.

10-NAME OF FATHER, Peter Antonakos

11-BIRTHPLACE OF FATHER (State or Country). Greece.

12-MAIDEN NAME OF MOTHER Cleo Lavou

13-BIRTHPLACE OF MOTHER (State or Country) Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Sponakos

(Address) 851 n Gay st.

15- FILED MAY 30 1916. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. A. Fowler (Coroner) M. D.

....., 191... (Address) 1 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem.	May 30 1916
20-UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95474 C95474

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Georgianna Waltham

(Residence in Baltimore: No. 1613 John St St.; 72 yrs. 10 mos. 15 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, July (Month) 14 (Day), 1843 (Year)

7-AGE, 72 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER, George Jessop

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Ashton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Hendricks

(Address) Womans Hosp.

15- Filed MAY 30 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 1916, to May 29 1916, that I saw h.r alive on May 29 1916, and that death occurred, on the date stated above, at 8:20 m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia with Gangrenous Bowel

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Terminal Edema of Lungs

(Duration) ....yrs. ....mos. ½ ds.

(Signed) A. J. Jones M. D.

May 29 1916. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 72 yrs. 10 mos. 15 ds.

Where was disease contracted, if not at place of death? 1613 John St - Balto

Former or usual residence " " " " "

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem — DATE OF BURIAL, May 31, 1916

20-UNDERTAKER Chas. E. Franck — ADDRESS 802 Madison Ave

Spec.—5-19-13—M. & T.—500 Bks.

C95475

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95475

CERTIFICATE OF DEATH.

172

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 725 N Patterson Park Av ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Bromwell

(Residence in Baltimore: No. 725 N Patterson Park Ave St.; Life yrs.... mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 14, 1850.
(Month) (Day) (Year)

7-AGE, 65 yrs. 9 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Alfred Bromwell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Rebecca

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Bromwell

(Address) 725 N. Patterson Pk.

15- MAY 30 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1916, to May 28 1916, that I saw him alive on May 28 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

1 Fractured Femur
(Accidental fall from ladder)
(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Traumatic Pneumonia
(Duration) ....yrs. ....mos. 3 ds.

(Signed) Geo D Dulgack M. D.
May 29, 1916. (Address) 2818 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	May 31, 1916
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

over

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C95476 C95476

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 120

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Karlinsky

(Residence in Baltimore: No. 2023 W. Pratt. St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June (Month) (Day) 1897 (Year)

7-AGE, 18 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolteacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Hyman Karlinsky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fanny Schapiro

13-BIRTHPLACE OF MOTHER (State or Country), Russ

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1411 E. Baltimore St.

15- Filed MAY 30 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/21, 1916, to May 30, 1916, that I saw h[illegible] alive on May 30, 1916, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma
Chronic Nephritis
(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
(Duration) yrs. mos. 3 ds.

(Signed) M B Lewis M. D.

5/30/, 191.6 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State 16 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2023 W. Pratt St.

Former or usual residence 2023 W. Pratt St.

19-PLACE OF BURIAL OR REMOVAL, Ohel Sholom Mt Cosmel Rd — DATE OF BURIAL, 5/30 1916.

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95477 C95477 C95477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Ostend St ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude V Kelley

(Residence in Baltimore: No. 1413 Ostend St.; St.; ....yrs., 14 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 18th (Day), 1914 (Year)

7-AGE, 1 yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Michael J Kelly

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Rosie M McComas

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael J Kelly

(Address) 1413 Ostend St

15- MAY 30 1916 HARRY C. ANDREWS

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 1916, to May 29 1916, that I saw h.. alive on May 29 1916, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Streptococcic Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Intestinal Toxemia

Debilitation

(Duration) ....yrs. ....mos. 31 ds.

(Signed) Shepherd D Adams M. D.

May 30, 1916 (Address) 1727 Calvert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, May 31st, 191..

20-UNDERTAKER L. J. Fields — ADDRESS 1200 N Gilmore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95478

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1320

C95478

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1901 E. Fairmount Ave. WARD 6)

2-FULL NAME William Hoskins

(Residence in Baltimore: No. 1901 E. Fairmount Ave Ward 6 Yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Jan 29, 1845 (Month) (Day) (Year)

7-AGE: 71 yrs. 4 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Bldg Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: George Hoskins

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Martha Hannon

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Edmund Hoskins

(Address) 1901 E Fairmount Ave

15 MAY 30 1916 Filed ....., 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 29th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1916, to May 29, 1916, that I saw him alive on May 27, 1916, and that death occurred, on the date stated above, at 4 a. m.
The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) one yrs. ..... mos. ..... ds

Contributory (SECONDARY) Arterio sclerosis

(Duration) — yrs. — mos. — ds.

(Signed) J. C. Trumpkin M. D.

May 29, 1916 (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: May 31, 1916

20 UNDERTAKER: H. Allen Fuller ADDRESS: 3513 Springdale Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95479 C95479

CERTIFICATE OF DEATH.

126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Mooney

(Residence in Baltimore: No. 2666 Wilkens Ave. St.; 45 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 9th (Day), 1857 (Year)

7-AGE, 58 yrs. 9 mos. 20 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer). Law Clerk

9-BIRTHPLACE, (State or Country), Md (Elkridge)

PARENTS.

10-NAME OF FATHER, Charles Mooney

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan White

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah J. Mooney

(Address) 2666 Wilkens Ave

15 MAY 30 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 29 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1916, to May 29 1916, that I saw h[illegible] alive on May 29 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Mediastinal Tumor Probably Sarcoma Cystic

Tracheal Stricture

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Septicemia

(Duration) ... yrs. ... mos. 10 ds.

(Signed) W. L. Richards, M. D.

5/29, 1916 (Address) Univ. Hospital. Balt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 23 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 2666 Wilkens ave

Former or usual residence Balto. Md

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, June 1, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95480 C95480

CERTIFICATE OF DEATH.

169

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Atlantic Wharf ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A Mc Kenny

(Residence in Baltimore: No. 2810 Elliot St St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Widower

6-DATE OF BIRTH, July 4th, 1844
(Month) (Day) (Year)

7-AGE, 71 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), U. S.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), U. S. A.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Peter McKenny

(Address) 2810 Elliot St.

15- MAY 30 1916, 191.. HARRY C. ...
Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said investigation
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Stephen Lynch M. D.
(Coroner.)

May 28, 1916 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	May 31, 1916
20-UNDERTAKER John A Moran	ADDRESS Bank & Caroline Sts

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95481 C95481

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 N. Fulton Ave ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Louisa Hoofnagle.

(Residence in Baltimore: No. 2304 N. Fulton Ave St.: 50 yrs. 1 mos. X ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 30 (Day), 1846 (Year)

7-AGE, 69 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Tudor Grahe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Stone

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. J. Hoofnagle

(Address) Md.

15- MAY 30 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to May 30 1916, that I saw h... alive on May 30 1916, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. 2 ds.

(Signed) J. H. C. Grupe M. D.

May 30, 1916 (Address) 1601 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. 1/2 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery

DATE OF BURIAL, June 1, 1916

20-UNDERTAKER George J. Smith

ADDRESS 1000 Fayette St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C9582 61 C9582

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 2820 Montebello Ave St.: 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edward T. Kenny

(Residence in Baltimore: No. Lifetime 2820 Montebello Ave St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: January (Month) 28 (Day), 1911 (Year)

7-AGE: 4 yrs. 11 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: William Kenny

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Ester V McDonald

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Kenny

(Address) 2820 Montebello Ave

15- Filed MAY 30 1916, 191 ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26, 1916, to, May 29 1916, that I saw him alive on May 29 1916 and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

Primary Cause from acute intestinal trouble but Cause not Cured as was ulcers

(Duration) yrs, mos. 4 ds.

Contributory (SECONDARY): Cancer.

(Duration) yrs mos. One ds.

(Signed) H. Maurice Matthews M. D.

May 30, 1916 (Address) 618 Gorsuch Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem't — DATE OF BURIAL: May 31 1916

20-UNDERTAKER: Robt J. Turner — ADDRESS: 1442 N. Bond

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

095483 — REGISTERED No. C 095483

PLACE OF DEATH

CITY OF BALTIMORE (No. Transcribed dead as St Joseph's Hospital, ST., WARD.)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hubert S Timmons.

(Residence in Baltimore: No. 2000 Plymouth a. St.; yrs., 34 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, May 20, 1882
(Month) (Day) (Year)

7-AGE, 29 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tree trimmer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Samuel D Timmons,

11-BIRTHPLACE OF FATHER (State or Country), md;

12-MAIDEN NAME OF MOTHER Virginia C Timmons,

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin Turbuseu

(Address) Laurel, md

15- MAY 30 1916 ROBERT . KRAUTER,
Filed....., 191. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

"Pneumonia" due to fall 50 feet from tree Cop"

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H Kent Pritchett M. D.
(Coroner.)
May 30, 191... (Address) Laurel Md

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 3 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Md. DATE OF BURIAL, May 30 — 1916

20-UNDERTAKER Dunnworth & Son ADDRESS 3617 Chestnut ave

Spec.—8-24-14—M. & T.—2000 Bks.

C95484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95484

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Prentiss ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Duckett

(Residence in Baltimore: No. 1726 Prentiss St. 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, ..., 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thos. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catharine McGlenny

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Johnson

(Address) 1726 Prentiss St

MAY 31 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 / 29 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/1 1916, to 5/26 1916, that I saw h[illegible] alive on 5/28 1916, and that death occurred, on the date stated above, at 11 65 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) B. Wm. Roulter M. D.

5/31, 191.. (Address) 2137 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ave — DATE OF BURIAL, 5/31, 1916.

20-UNDERTAKER Isaac L Hawley — ADDRESS 5 & W Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT.

Spec.—8-24-14—M. & T.—2000 Bks.

C95485

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95485

CERTIFICATE OF DEATH.

172

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elanor J. Hewson

(Residence in Baltimore: No. 506 E. 23rd S St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 18[illegible] (Year)

7-AGE, 83 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Nicholas Cullen

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Margaret Darby

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 506 E 23rd St.

15- Filed MAY 31 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

(over)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 23 1916, to May 28 1916, that I saw h[illegible] alive on May 28 1916, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Fractured Neck of Left Femur

Chronic Myocarditis

Senile debility

(Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Accident-Fall at home

(Duration) yrs. mos. ds.

(Signed) Elmer J. Hewson M. D.

5.28., 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 5 ds. In the State yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 506 E 23rd St

Former or usual residence 506 E. 23rd St.

19-PLACE OF BURIAL OR REMOVAL, St Ursula Sykesville | DATE OF BURIAL, May 31, 1916.

20-UNDERTAKER [illegible] | ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95486 C95486

CERTIFICATE OF DEATH.

REGISTERED NO. C 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) Johns Hopkins Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Murray

(Residence in Baltimore: No. 1115 Battery Ave St.; 2 yrs., 10 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 17, 1913 (Month) (Day) (Year)

7-AGE, 2 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, Jesse Murray

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Estelle Schweitzer

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAY 31 1916, 191.. HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1916, to May 28 1916, that I saw h[illegible] alive on May 28 1916, and that death occurred, on the date stated above, at 1h 20m p.m.

The CAUSE OF DEATH* was as follows:

Post diphtheritic Paralysis

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Forsythe M. D.

May 29, 191.6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1115 Battery Ave

19-PLACE OF BURIAL OR REMOVAL, Catherine's Creek DATE OF BURIAL, May 31, 191.6

20-UNDERTAKER Jas. J. Slaughenhaupt ADDRESS 1318 Eutaw St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH CHEMICALS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95487 C95487

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Shulten ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Dodson

(Residence in Baltimore: No. 915 Shulten St St.; Life yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
male	Colored	married

6-DATE OF BIRTH April (Month) 12 (Day), 1836 (Year)

7-AGE, 80 yrs. 1 mos. 15 ds. — If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Dodson

(Address) 915 Shulten St

15- Filed MAY 31 1916, — 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1916, to May 27 1916, that I saw h[illegible] alive on May 27 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Duration) hrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(Duration) yrs. mos. ds.

(Signed) J. Edward Dashiell M. D.

May 28 1916 (Address) 1617 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National. center — DATE OF BURIAL, May 31 1916

20-UNDERTAKER Milton Davis — ADDRESS 1608 McElderry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95488 92 C95488

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Warner ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Turner.

(Residence in Baltimore: No. 1132 Warner St. St.; 20 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	Colored	Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1887 (Year)

7-AGE, 33 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundry
(b) General nature of industry, business, or establishment in which employed (or employer): (at home) Work

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jas. E. Taylor.

11-BIRTHPLACE OF FATHER (State of Country), Va

12-MAIDEN NAME OF MOTHER Mary E. Taylor.

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Turner

(Address) 1132 Warner St.

15- Filed MAY 31 1916, 191.. HARRY C. [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1916, to May 29 1916, that I saw h[illegible] alive on May 28 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 29 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. 7 ds.

(Signed) J. C. Ferguson M. D.

5/31, 191.6 (Address) 1130 E. C[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn et — DATE OF BURIAL, May 31, 1916

20-UNDERTAKER J. L. Brown & Son — ADDRESS 108 N. Monroe

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95489 C95489

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthew Conway

(Residence in Baltimore: No. 904 N. Gay St. St.; — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June 29, 1884. (Month) (Day) (Year)

7-AGE 31 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) B&O R.R. Co.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Matthew Conway

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Anne Cochran

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Conway

(Address) 1836 Carlton Ave. Chicago

15-

Filed MAY 31 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to May 29 1916, that I saw h[illegible] alive on May 29 1916, and that death occurred, on the date stated above, at 6:00 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

(Signed) Edward D. Smith M. D.

May 29, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. 1 mos. 25 ds.

Where was disease contracted, if not at place of death? 4 N. Gay St.

Former or usual residence 4 N. Gay St.

19-PLACE OF BURIAL OR REMOVAL, Chicago Ill. DATE OF BURIAL, May 31, 1916.

20-UNDERTAKER George E. Farley Sutton & Son ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

C95490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Belgian Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Eichhorn

(Residence in Baltimore: No. 824 Belgian ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, May 14, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. — mos. 14 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: nane
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D C

PARENTS.

10-NAME OF FATHER, Rudolph Millin

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willie M. Conyers

(Address) 824 Belgian Ave

15- MAY 30 1916 ... 191... HENRY ... Registrar. Burial Permit Clerk.

MAY 31 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 15th 1915, to May 28th 1916, that I saw h[illegible] alive on May 27th 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

[illegible] Arteriosclerosis

Apoplexy

(Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edwin G. Dingeman M. D.

5/29, 1916 (Address) 15 E. Fayette Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ballo Cemetery	May 31, 1916
20-UNDERTAKER	ADDRESS
H Sander & Sons	120 E Lat

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C95491

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95491

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1438 Belvidere ST.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James C. Baker.

(Residence in Baltimore: No. 1438 Belvidere St.; 38 yrs., 5 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Dec 4, 1877.
(Month) (Day) (Year)

7-AGE, 38 yrs. 5 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in
(b) General nature of industry, business, or establishment in which employed (or employer): Coal yard

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John C. Baker.

11-BIRTHPLACE OF FATHER (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER Mary C. Harrison.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno C. Baker

(Address) 1438 Belvidere St

15- MAY 31 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1916, to May 28 1916, that I saw him alive on May 28 1916, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar.

(Duration) ....yrs. 7 ds.

CONTRIBUTORY (Secondary) Nephritis, Chronic

(Duration) 1 yrs. 3 mos. ....ds.

(Signed) Hugh Forsythe, M. D.

May 29, 1916. (Address) 424 Eutaw Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, May 31 1916

20-UNDERTAKER George H. Holland ADDRESS 517 Robert St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C95491 C95492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Patterson Park Ave. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Stewart Schelle

(Residence in Baltimore: No. 414 N. Patterson Park St.; 48 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 2nd, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. 9 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gardner

9-BIRTHPLACE, (State or Country), ~~Germany~~ Md.

PARENTS.

10-NAME OF FATHER, Stewart Schelle

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W. Schelle

(Address) 414 N. Patterson Pk

15-MAY 31 1916 Filed..... 191.....

HARRY C. ARMBERGER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1916, to May 29, 1916, that I saw him alive on May 28, 1916, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(Duration) 5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(Duration) 1 yrs. ... mos. ... ds.

(Signed) J. S. Fiss M. D.

May 30, 1916 (Address) 306 S. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 2 1916

20-UNDERTAKER Philip Herwig — ADDRESS 306 Orleans

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C95493

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2341 N. Fulton ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Williams

(Residence in Baltimore: No. 541 N. Fulton St.; 24 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown 1 .....
(Month) (Day) (Year)

7-AGE, ...1....yrs....9....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Baltimore City

PARENTS.

10-NAME OF FATHER Charles Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Della Hunter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Della Williams

(Address) 541 N. Fulton St

15- MAY 31 1916

Filed ....., 191.... HARRY C. ANDERS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27, 1916, to May 30, 1916, that I saw him alive on May 30, 1916, and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration).....yrs.....mos. 6 ds.

CONTRIBUTORY (Secondary) Tonsilitis

(Duration).....yrs.....mos. 4 ds.

(Signed) J. H. Tomkins M. D.

May 31, 191... (Address) 1019 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	May 31, 1916

20-UNDERTAKER Daniel Conlon ADDRESS 916 Pa - ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C95494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C95494

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 N. Fremont Ave. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucinda Stanley

(Residence in Baltimore: No. 1309 N. Fremont Ave. St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH: Don't Know, (Month) (Day) 863 (Year)

7-AGE 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Thos. Sims

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Louise Sims

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Tidsont

(Address) 309 N. Fremont Ave

15-MAY 31 1916 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1916, to May 28 1916, that I saw her alive on May 28 1916, and that death occurred, on the date stated above, at 7-45 m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Disease
(Contributory Insufficiency)

(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 20 ds.

(Signed) Paul Brown M. D.

May 29, 1916. (Address) 1837 Penna Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn — DATE OF BURIAL. May 31 1916

20-UNDERTAKER Daniel Easton — ADDRESS 946 Pa - ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095495 79 095495

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1739 W Northern St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy E.C. Brandau

(Residence in Baltimore: No. 1739 W North ave St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: May (Month) 2 (Day), 1839 (Year)

7-AGE: 77 yrs. 0 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Henry Strattmeier

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C.C. Eastman

(Address) 1739 W. Northern

15- Filed MAY 31 1916 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May (Month) 28th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 19th 1915, to May 28th 1916, that I saw her alive on May 28th 1916, and that death occurred, on the date stated above, at 1200 m.

The CAUSE OF DEATH* was as follows:

General Anasarca, with Albuminuria, Nephritis

(Duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Aortic Stenosis with Mitral Insufficiency

(Duration) yrs. mos. ds.

(Signed) Amelia V. Zimmerman M. D.

May 30, 1916. (Address) 1865 W North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: May 31 1916

20-UNDERTAKER: Wm J Deckner & Bros — ADDRESS: North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Or Zimmerman

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95496

CERTIFICATE OF DEATH.

x 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Smith

(Residence in Baltimore: No. John Hopkins Hospital St.; — yrs., — mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1859 (Year)

7-AGE, 57 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Manager Balto. Franc J. Swift & Co.

9-BIRTHPLACE, (State or Country), Massachusetts

PARENTS.

10-NAME OF FATHER, Chas Smith

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. King Jr.

(Address) Johns Hopkins Hospital

15- Filed MAY 31 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18 1916, to May 28 1916, that I saw h— alive on May 28 1916, and that death occurred, on the date stated above, at 6.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) — yrs. — mos. 3 ds.

(Signed) John T. King Jr. M. D.

May 28, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State 40 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Roland Park Md

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 31, 1916

20-UNDERTAKER Wm J Baker & Sons ADDRESS North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C95497

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95497

C95497

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

83

REGISTERED NO. C 95497

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2509 N. Charles ST.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Priscilla Franklin

(Residence in Baltimore: No. 1737 Druid Hill av. St.: 42 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6. DATE OF BIRTH: December (Month), (Day), 1866 (Year)

7. AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Snow Hill, Md

PARENTS

10. NAME OF FATHER: Lipp Jones

11. BIRTHPLACE OF FATHER (State or country): Snow Hill, Md

12. MAIDEN NAME OF MOTHER: Comfort Duffield

13. BIRTHPLACE OF MOTHER (State or country): Snow Hill Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence Dorsey

(Address) 1737 Druid Hill Ave

15. Filed MAY 31 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to, May 30 1916,
that I saw her alive on May 28, 1916,
and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:

Senile Exhaustion

Syp.

(Duration) yrs. mos. ds

Contributory (SECONDARY) Varicose Veins Legs Ruptured

(Duration) yrs. mos. 2 ds.

(Signed), Hallie S Carswell M. D.

May 30, 1916 (Address) 2W 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 31, 191

20. UNDERTAKER: Samuel S Kemp — ADDRESS: 57 W Biddle

C95498

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95498

CERTIFICATE OF DEATH.

174

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. Md Gen'l. Hospital ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Clarence Mackey

(Residence in Baltimore: No. 503 W Lombard St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: ..... December ....., 1866
(Month) (Day) (Year)

7-AGE: 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Elevator Man
(b) General nature of industry, business, or establishment in which employed (or employer): Ry Elevator

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Saml. Mackey

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Doutt Rhoads

13-BIRTHPLACE OF MOTHER (State or Country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Mackey

(Address) 1307 Eastern Ave

15- FILED MAY 31 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed legs
Elevator Accident
5 hours
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Inadvertence
Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Wahlstrom M. D.
(Coroner.)

May 30 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Injs rec'd on Elevator

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS):
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? In Md Gen'l. Hospital

Former or usual residence In Home

19-PLACE OF BURIAL, OR REMOVAL: Mt Auburn — DATE OF BURIAL: June 2 1916

20-UNDERTAKER: Saml I Kemsley — ADDRESS: 578 N Bond

Spec.—8-24-14—M. & T.—2000 Bks.

C95499

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95499

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1348 N Calhoun ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Brooks Goldsborough

(Residence if Baltimore: No. 1348 N Calhoun St.; ..... yrs., 2 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, May 23, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 2 mos. 6 ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charles Goldsborough

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Ella Ringold

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Williams Frey M.D.

(Address) 1928 Penna Ave

15. MAY 31 1916 Filed ....., 191.... HARRY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 29 1916, that I saw her alive on May 28 1916, and that death occurred, on the date stated above, at 7 1 m.

The CAUSE OF DEATH* was as follows:

Marasmus

Gastro Enteritis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Williams Frey M. D.

May 29, 1916. (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	May 31, 1916
20-UNDERTAKER	ADDRESS
Samuel Stanley	578 N Bond

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95500

C95500

CERTIFICATE OF DEATH.

REGISTERED NO. C [redacted] 499

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt St.; 11 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
FULL NAME Ella Simms Maryland Gen Hosp St.; yrs., mos. 8 ds.)
(Residence in Baltimore: No.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female
4-COLOR OR RACE, Black
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married
6-DATE OF BIRTH, Unknown (Month) (Day), 18[illegible] (Year)
7-AGE, 43 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).
9-BIRTHPLACE, (State or Country), Maryland
PARENTS.
10-NAME OF FATHER, Albert Unknown
11-BIRTHPLACE OF FATHER (State or Country) Maryland
12-MAIDEN NAME OF MOTHER Jane Grant
13-BIRTHPLACE OF MOTHER (State or Country). Md
14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Clara Unknown
(Address) 1116 Hurd Ave
15- Filed MAY 31 1916, 191. Burial Permit Clerk. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30th, 191[illegible] (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 22nd 1916, to May 30th 1916, that I saw her alive on May 30th 1916, and that death occurred, on the date stated above, at 6 A. m.
The CAUSE OF DEATH* was as follows:
Pulmonary Oedema
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Mitral Regurg
(Duration) yrs. ? mos. ? ds.
(Signed) Francis E Shipley M. D.
May 31, 191[illegible] (Address) Md Gen Hospt
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 8 ds. In the State Life yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Chestertown Md
19-PLACE OF BURIAL OR REMOVAL, Elk Fairlee Md
DATE OF BURIAL, 5-31, 191[illegible]
20-UNDERTAKER. Paul C Wemsley
ADDRESS 578 W Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C95501

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95501

CERTIFICATE OF DEATH.

157

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 119 Saint Paul St ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME. William Dembenski

(Residence in Baltimore: No. 119 Saint Paul St St.: 19 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, February 14, 1897
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
19 yrs. 3 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Michael Dembenski

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Mary Krakow

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. W. Dembenske.

(Address) 119 Saint Paul St

15- Filed MAY 31 1916, HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Hanging

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Theodore Gerwig (Coroner.) M. D.

May 30, 1916 (Address) 150 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence..... Same 2/16

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, May, 1916.

20-UNDERTAKER W. F. Sadowski ADDRESS 70 S. Ann.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95502

REGISTERED NO. C 40

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Eye Hospt ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Kretschmer

(Residence in Baltimore: No. 223 N. Castle St ST.; 50 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 30th, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 4 mos. 1 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Emil Kretschmer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gerhardena Kretschmer

(Address) 223 N. Castle St.

15-MAY 31 1916 ROBERT . KRAUTH, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 27 1916, to May 31 1916, that I saw him alive on May 31 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Stomach)

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. E. Shipley M. D.

May 31, 1916 (Address) Md. Eye Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Do not know

Former or usual residence 223 Castle St.

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, June 2nd, 1916.

20-UNDERTAKER Mrs. John H. Deufel — ADDRESS 801 W. Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95503 — 151 — C95503

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1122 Columbia Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Schmidt

(Residence in Baltimore: No. 1122 Columbia Ave St.; ... yrs. ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 28 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day.
...yrs. ...mos. 3 ds.	...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John C Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary C Muntead

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) J C Schmidt

(Address) 1122 Columbia Ave

15- Filed MAY 31 1916, 191... ROBERT KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1916, to May 30 1916, that I saw h[illegible] alive on May 30 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Laceration Scalp
6 hrs. Coma

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Joseph E. Muse M. D.

May 31, 191... (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, June 1, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 E North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95504 C95504

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3122 York Road St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Clay Huff

(Residence in Baltimore: No. 3122 York Road St.; 65 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feby (Month) 7 (Day), 1845 (Year)

7-AGE, 71 yrs. 3 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Retail

9-BIRTHPLACE, (State or Country), Harford Co, Md

PARENTS.

10-NAME OF FATHER, Andrew J. Huff

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Durham

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Huff

(Address) 3122 York Road

15- MAY 31 1916 Filed, 191.. ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to May 30 1916, that I saw h— alive on May 30 1916, and that death occurred, on the date stated above, at 315 a. m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis.

Mitral stenosis.

(Duration) 7 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. J. Thurlow Jr. M. D.

May 30, 1916. (Address) 632 Gorsuch ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Johns Cemetery — DATE OF BURIAL, 6/1, 1916.

20-UNDERTAKER Geo Cook — ADDRESS 307 E Northern

Dr Strickler Gorsuch ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95505

CERTIFICATE OF DEATH.

91 C95505

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1645 E. Madison ST.; 7 WARD)

2-FULL NAME Charles Moody

(Residence in Baltimore: No. 1645 E. Madison St.; 54 yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, May 29 (Month) (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. ..... mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Moody

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Amanda Garrett

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amanda Moody

(Address) 1645 E. Madison St

15 MAY 31 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1916, to May 30 1916, that I saw h.im alive on May 29 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

(a) Broncho-Pneumonia

.....

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Adolph G. Kiesbauer M. D.

May 31, 1916 (Address) 2201-3 Oklahoma Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Grove	May 31st, 1916
20-UNDERTAKER	ADDRESS
Harry A. Vodrey	1725 Orleans St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95506

HEALTH DEPARTMENT--CITY OF BALTIMORE

64 C95506

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 612 W Saratoga St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Stewart

(Residence in Baltimore: No. 612 W. Saratoga St. St.: 54 yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male.

4-COLOR OR RACE: Colr

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 7, 1862 (Month) (Day) (Year)

7-AGE: 54 yrs. 2 mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer): Hod Carrier

9-BIRTHPLACE (State or country): Md (City)

PARENTS

10-NAME OF FATHER: Dad Known

11-BIRTHPLACE OF FATHER (State or country): Known

12-MAIDEN NAME OF MOTHER: Mary Known

13-BIRTHPLACE OF MOTHER (State or country): Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maurice Stewart

(Address) 612 W. Saratoga

15 Filed JUN 1 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 31st, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 22nd, 1916, to May 31 1916, that I saw him alive on May 31st, 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Paralysis

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Frank W Gunner M. D.

May 31st, 1916 (Address) 322 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: W M Auburn — DATE OF BURIAL: June 1, 1916

20-UNDERTAKER: Wm E Corbin & Co - Inc — ADDRESS 916

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95507

C95507

CERTIFICATE OF DEATH.

97

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 8) Mercy Hospital St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Stinnett Reems

(Residence in Baltimore: No 410 W Montgomery St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, Dec 15 1867
(Month) (Day) (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Blender
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- Filed JUN 1 - 1916, 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25 1916, to May 28 1916, that I saw h[illegible] alive on May 28 1916, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

6 ds.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY, ...
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward A. Sweet M. D.

May 29, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 16 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 410 W Montgomery St

Former or usual residence 410 W Montgomery St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	MAY 31 1916, 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

FOR STATISTICAL

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95508

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95508

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 McCabbin ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Whitty

(Residence in Baltimore: No. 1733 McCabbin St ST.; ..... yrs., 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Nov (Month) 18 (Day), 1915 (Year)

7-AGE, ... yrs. 6 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, John Whitty

11-BIRTHPLACE OF FATHER (State or Country), Balto ?

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... H. W. Clausen

(Address)..... Johns Hopkins Hospital

15-JUN 1 - 1916 Filed....., 191.....

HARRY C. ALDREN
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1916, to May 31 1916, that I saw him alive on May 30 1916, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Intestinal indigestion

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert W Rowland M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, June 2nd, 1916

20-UNDERTAKER Harry A. Vodery ADDRESS 1125 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C95509

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95509

x 126

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Lee Maude

(Residence in Baltimore: No. Church Home & Infirmary St.; ..... yrs., 1 mos. 2 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Mar

6-DATE OF BIRTH, ... March (Month) ..... 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
57 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Wholesale
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dealer in fruit

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Wm Maude.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mt Known

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... C. A. Vanderbark.....

(Address) Stanley Va.

15-

Filed JUN 1 - 1916 191.....

HARRY C. ANDREWS
Actual Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) ..... 31 (Day) ....., 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 29 1916, to May 31 1916, that I saw h living alive on May 31 1916, and that death occurred, on the date stated above, at 10:10 P m.

The CAUSE OF DEATH* was as follows:

..... Sept. Cause a .....
..... (Post. Operative) .....
.....
..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) ..... Prostatic Hypertrophy .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Samuel Hall M. D.
....., 191... (Address) ..... Church Home Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 2 ds. In the State ..... yrs. 1 mos. 2 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Stanley Va

19-PLACE OF BURIAL OR REMOVAL, Stanley Page Co Va. DATE OF BURIAL, June 1, 1916.

20-UNDERTAKER W M Rountree ADDRESS 230 N Green

C95510

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95510

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1114 Mc Culloch ST. 11 WARD)

2-FULL NAME. Celia E. Marston (Winston)

(Residence in Baltimore: No. 1114 Mc Culloch

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

22 Sr., yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Husband does not age apparent age 60 ....., 1 .....
(Month) (Day) (Year)

7-AGE. about 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work. House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer). House work

9-BIRTHPLACE. (State or Country) Richmond, Va.

PARENTS.

10-NAME OF FATHER. Can not ascertain

11-BIRTHPLACE OF FATHER (State or Country). Thornton Street Va

12-MAIDEN NAME OF MOTHER. Can not ascertain

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) 1114 Mc Culloch

15-FILED JUN 1 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Insufficiency of Mitral Valves

I do not know

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) I do not know

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Mills Thom M. D.
(Coroner.)

May 31. 1916. (Address) 819 N Eutaw

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 2 yrs. ..... mos. ..... ds. In the State 11 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 1114 Mc Culloch

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 1, 1916

20-UNDERTAKER Lahr E. Franck ADDRESS 802 Madison

Spec.—8-24-14—M. & T.—2000 Blks.

C95511

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95511

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 415, S. Bond. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalena Salajska.

(Residence in Baltimore: No. 415, S. Bond. St.; ....yrs., ...mos. 1 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED? (Write the word.) Single.

6-DATE OF BIRTH, May 29, 1916 (Month) (Day) (Year)

7-AGE, ...yrs.....mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant.

9-BIRTHPLACE, (State or Country), Severn. Md.

PARENTS.

10-NAME OF FATHER, Wojciech Salajski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Czarnecka Muszynska

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wojciech Salajski

(Address) 715 S. Bond

15- JUN 1 - 1916 HARRY C. ANDREWS

Filed....., 191.....Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31st 1916, to May 31st 191., that I saw her alive on May 31st 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Prematture Birth
(eleven months)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Chas. A. Siemkiewicz M. D.

June 1st, 1916. (Address) 221 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. 2 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 415 S. Bond st

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, June 1..., 191...

20-UNDERTAKER William Fialkowski

ADDRESS 618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95512 113 C95512

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sabe Bundy

(Residence in Baltimore: No. 1328 N. Fremont St.; 15 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 22 (Day), 1865 (Year)

7-AGE, 51 yrs. 4 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Express Wagon

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John Bundy

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Rylwun

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Rhelps

(Address) Johns Hopkins Hosp

15- Filed JUN 1 - 1916, 191.... HARRY O. ANDREWS Deputy Records Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1916, to May 28 1916, that I saw h— alive on May 28 1916, and that death occurred, on the date stated above, at 11.40 p.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Cholaemia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Certhun Bloomfield M. D.

May, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 17 ds. In the State 15 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1328 N. Fremont

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery | DATE OF BURIAL, June 1, 1916

20-UNDERTAKER Wm Robert A Elliott | ADDRESS 506 East-St

Spec.—5-24-14—M. & T.—2000 Bks.

C95513 C95513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1718 E. Keyser ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Langdon Glascoe

(Residence in Baltimore: No. 1718 E. Keyser St. St.; 5 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, May 6th (Month) (Day), 1911 (Year)

7-AGE. 5 years ..... yrs. ..... mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John J. Glascoe

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Zita Moore.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Glascoe.

(Address) 1718 E. Keyser st.

15- JUN 1 - 1916

Filed....., 191.....

HARRY C. ADLERTON
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26 1916, to May 28 1916, that I saw him alive on May 27th 1916, and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

..... (Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) L. B. Schwatka M. D.

5/29 1916 (Address) 822 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery. DATE OF BURIAL, June 1, 1916.

20-UNDERTAKER George J. Ruth ADDRESS 735 Harford ave.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

095514

HEALTH DEPARTMENT—CITY OF BALTIMORE

095514

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 W. Franklin ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Rudolph

(Residence in Baltimore: No. 1141 W. Franklin St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug. 23rd, 1848
(Month) (Day) (Year)

7-AGE, 67 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mr. Heekel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine Heidenman

(Address) 1141 W. Franklin st.

15- JUN 1 - 1916
Filed ..... 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27th 1916, to May 30th 1916, that I saw h[illegible] alive on May 30 1916, and that death occurred, on the date stated above, at 2:05 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) W. Ramsay Williams M. D.

May 31, 1916. (Address) 601 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, London Park Cem. DATE OF BURIAL, June 2nd, 191...

20-UNDERTAKER Philip Seward & Son ADDRESS 1129 Eutaw St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C95515

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95515

Registered No. C 44

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 804 Light St. 22 Ward)

2-FULL NAME William J. Comegys.

(Residence in Baltimore: No. 804 Light St.: 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January 10, 1852 (Month) (Day) (Year)

7-AGE: 64 yrs. 4 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Harness
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Queen Anne Md

PARENTS

10-NAME OF FATHER: Louis Comegys

11-BIRTHPLACE OF FATHER (State or country): Maryland.

12-MAIDEN NAME OF MOTHER: Sarah Sparks

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maria Comegys (wife)

(Address) 804 Light St

15-Filed JUN 1 - 1916, 191 HARRY [illegible]
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 31, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from January 1, 1916, to May 31 1916, that I saw h-s alive on May 30, 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Face
Clinical Diagnosis
(Duration) — yrs. 5 mos. — ds

Contributory (SECONDARY) Exhaustion
(Duration) — yrs. — mos. 5 ds.

(Signed) Otto M. Lenhardt M. D.
May 31, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: June 2 1916

20-UNDERTAKER: ARMSTRONG-DENNY CO. — ADDRESS: 715 Light

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8 24-14—M. & T.—2000 Bks.

C95516 C95516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 28 S Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael P Darby

(Residence in Baltimore: No. 28 S Calhoun St St.; 46 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, May (Month) 23 (Day), 1891 (Year)

7-AGE, 25 yrs. mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Peter Darby.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Annie O Shannahy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Darby

(Address) 28 S Calhoun

15-
Filed JUN 1 - 1916, 191.....
HARRY [illegible] ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to May 30 1916, that I saw h[illegible] alive on May 30 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W Mowell M. D.

May 31, 1916 (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, June 2nd, 1916

20-UNDERTAKER John A Moran

ADDRESS Bank & Aisquith

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95517 C95517 151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Curtis

(Residence in Baltimore: No. 1715 Maryland Ave St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 29 (Day), 1916 (Year)

7-AGE, ...yrs...mos...ds.

If LESS than 1 day, 17 hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER. John Curtis

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Eva Curtis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. F. Gahan

(Address) Mercy Hospital

15- FILED JUN 1 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1916, to May 30 1916, that I saw h[illegible] alive on May 30 1916, and that death occurred, on the date stated above, at 8 [illegible] m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

Premature birth

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) [illegible] yrs. ...mos. ...ds.

(Signed) Edward F. Sweat M. D.

May 30, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

COLLEGE OF P. & S. JUN 1 1916

Commissioner Health.

Wm. F. WOODALL.

Cremated

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95518 C95518

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary, St.; 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Clash

(Residence in Baltimore: No. Maryland Penitentiary St.; 1 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, July — 5th, 1894
(Month) (Day) (Year)

7-AGE, 21 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Dorchester Co. Md.

PARENTS.

10-NAME OF FATHER, Charles Clash

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Jane Hulfel

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Thomas

(Address) Maryland Penitentiary

15- JUN 1 - 1916
Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May — 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May — 18 1916, to May — 28 1916, that I saw him alive on May — 28 — 1916, and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure (Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (Duration) ...yrs. ...mos. 7 ds.

(Signed) William H. Schwartz M. D.

May 29, 1916. (Address) Maryland Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 6 mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Md Penitentiary

Former or usual residence 4405 Pine St. Cambridge, Md.

19-PLACE OF BURIAL OR REMOVAL, Cambridge Md. DATE OF BURIAL, June 1, 1916

20-UNDERTAKER Jno J Fahey & Sons ADDRESS 1318 Light St

CAUSE OF DEATH must be plainly stated, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95519

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95519

REGISTERED No. C 109

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3308 West North Avenue, ST.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Thompson,

(Residence in Baltimore: No. Non-resident, St.: yrs. mos. 15 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PLAINLY, WRITE ADDRESS IN FULL. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed,

6-DATE OF BIRTH: March (Month) 18th (Day), 1841. (Year)

7-AGE: 75 yrs. 2 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Dry goods merchant,
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 1 month,

9-BIRTHPLACE (State or country): Pennsylvania,

PARENTS

10-NAME OF FATHER: John Thompson,

11-BIRTHPLACE OF FATHER (State or country): United States,

12-MAIDEN NAME OF MOTHER: Susan Updegraff,

13-BIRTHPLACE OF MOTHER (State or country): United States,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Caroline M. Thompson, daughter,

(Address) Williamsport, Penna.

15. JUN 1 - 1916 Filed, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 1st (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23d, 1916, to June 1st 1916, that I saw him alive on June 1st, 1916, and that death occurred, on the date stated above, at 10.10a. m

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation,

(Duration) 5 minutes. yrs. mos. ds

Contributory (SECONDARY) Acute intestinal obstruction, (Duration) yrs. mos. 9 ds.

(Signed) J. Frederick Kempel M. D.

June 1st, 1916. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. 15 ds. In the State yrs. mos. 15 ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence: Williamsport, Pennsylvania.

19-PLACE OF BURIAL OR REMOVAL: Williamsport Pa

DATE OF BURIAL: June 1 1916

20-UNDERTAKER: H. W. Justins & Sons

ADDRESS: W. Fulton & Richard

095520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 095520

Registered No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1712 Division St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Walter S Saunders

(Residence in Baltimore: No. 1712 Division St. 6 yrs. X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March 17, 1890 (Month) (Day) (Year)

7 AGE: 26 yrs. 2 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): French Room

9 BIRTHPLACE (State or country): Phila. Pa.

PARENTS

10 NAME OF FATHER: William Saunders

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Cooper

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carrie E. Saunders

(Address) 1712 Division St.

15 JUN 1 - 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 31, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1916 to May 31 1916.
that I saw him alive on May 29, 1916.
and that death occurred, on the date stated above, at 2:00 a.m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 8 mos. ..... ds

Contributory (SECONDARY) Empyema

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Hawkins M. D.

June, 1916 (Address) 1202 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: June 2, 1916

20 UNDERTAKER: George N. Holland

ADDRESS: 317 Robert St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95521

C95521

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) Md. Gen'l Hosp't ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jung Foi

(Residence in Baltimore: No. 301 S. Fremont St. St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Mongolian

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1876 (Year)

7-AGE, 39 yrs. — mon. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundryman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), China

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jung Long

(Address) 301 S. Fremont St.

15- Filed JUN 1 - 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1916, to May 31 1916, that I saw h in life on May 31 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. E. Shipley M. D.

May 31 191 6 (Address) Md. Gen'l

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 31 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 301 S. Fremont St

19-PLACE OF BURIAL OR REMOVAL, Baltimore

DATE OF BURIAL, June 4, 1916

20-UNDERTAKER E. M. Mate Lell & Co.

ADDRESS 21 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95522 C95522

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vivian May Myers

(Residence in Baltimore: No. 1617 Bell St St.; 2 yrs., 1 mos. 28 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Single

6-DATE OF BIRTH: Apr. (Month) 2 (Day), 1914 (Year)

7-AGE: 2 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, James F. Myers

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Florence Reamy

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Fox

(Address) Calhoun St.

15- Filed JUN 1 - 1916, 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1916, to May 30 1916, that I saw h[illegible] alive on May 30 1916, and that death occurred, on the date stated above, at 12:25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Right

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(Duration) ....yrs. ....mos. 1½ ds.

(Signed) Edward H. Dennis M. D.

May 30, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .... yrs. .... mos. 1 ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 1617 Bell St

Former or usual residence 1617 Bell St

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery — DATE OF BURIAL, June 2d, 1916

20-UNDERTAKER P. J. M. Flynn — ADDRESS 1432 Light St

Can Bevan

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95523 C95523

CERTIFICATE OF DEATH

170

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 538 Eiden St ST.: 27 W WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Can Bevan

(Residence in Baltimore: No. 538 Eiden St ST.; unknown yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown (Month), 1 (Day), ... (Year)

7-AGE: 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): MD

PARENTS

10-NAME OF FATHER: Can Bevan

11-BIRTHPLACE OF FATHER (State or country): MD

12-MAIDEN NAME OF MOTHER: Mc Kenna

13-BIRTHPLACE OF MOTHER (State or country): ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia Robinson

(Address) 542 Hanover St

15-JUN 1 - 1916 Filed ....., 191.

ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 1 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1916, to June 1 1916, that I saw h[illegible] alive on May 31, 1916, and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Toxic Intestitial

(Duration) ..... yrs. ..... mos. 15 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), T. A. Smith M. D.

June 1, 1916 (Address) 542 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: National

DATE OF BURIAL: June 3, 1916

20-UNDERTAKER: A L Brownsm

ADDRESS: 108 W. Monty St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

6 95524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

REGISTERED No. C 95524

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Gough ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Rodgers

(Residence in Baltimore: No. 1811 Gough St.; 68 yrs., 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March 27th, 1848
(Month) (Day) (Year)

7-AGE, 68 yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Albert Durham

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Holland

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Donohue

(Address) 1815 Gough St.

15-JUN 2 - 1916 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1916, to May 31 1916, that I saw h.. alive on May 31 1916, and that death occurred, on the date stated above, at 5.27 p. m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Dpration) 2 yrs. ....mos. ....ds.

(Signed) Alma B. Lemmon M. D.

June 1, 191.6 (Address) 718 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, June 4th, 191.6

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95525 C95525

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 W. North ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ina Inay C. Inyer

(Residence in Baltimore: No. 3110 W. North ave St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 29th (Month) (Day), 1860 (Year)

7-AGE, 55 yrs. 10 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, J. J. Schindler

11-BIRTHPLACE OF FATHER (State or Country), Ind

12-MAIDEN NAME OF MOTHER Dodelia Smith

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Inyer

(Address) 3110 W. North ave

15- Filed JUN 2 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1914, to May 31 1916, that I saw her alive on May 31 1916, and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. H. Beeten M. D.

5-31, 1916 (Address) Int Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem DATE OF BURIAL, June 3, 1916

20-UNDERTAKER Wm J Tickner & Son ADDRESS North & Pa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95526

CERTIFICATE OF DEATH.

40

C95526

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 North ft ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Kenberth

(Residence in Baltimore: No. 514 North ft St.; 75 yrs., 5 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Dec. (Month) 16 (Day), 1840 (Year)

7-AGE, 75 yrs. 5 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Michael Kenberth

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catharine Reifsnyder

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Kenberth

(Address) 514 North ft

15- HARRY C. ANDREWS

Filed JUN. 2 1916 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25th 1916, to June 1 1916, that I saw him alive on June 1st 1916, and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Primary

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. 15 mos. ds.

(Signed) J. M. Lampert M. D.

June, 1916. (Address) 2628 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	June 4, 1916
20-UNDERTAKER John J. Coursault & Son	ADDRESS 701 Hollins St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95527 C95527

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Josephs Hosp ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rudolph P. Griesser

(Residence in Baltimore: No. 1823 E. Madison st. St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	single

6-DATE OF BIRTH, March 15, 1895
(Month) (Day) (Year)

7-AGE, 31 yrs. 2 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steward
(b) General nature of industry, business, or establishment in which employed (or employer): Hebrew Hospital

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Paul Griesser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mr Mann

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Martha Polley

(Address) 1823 E. Madison st.

15- Filed JUN 2 - 1916, 191... EARLY L. AITKENS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1916, to May 31 1916, that I saw b[illegible] alive on May 30 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Cellulitis of arm & head

Coma

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pyemia

(Duration) yrs. mos. 3 ds.

(Signed) H. H. Warner M. D.

May 31, 191 6 (Address) Saint Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 19 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1823 E. Madison st

Former or usual residence 1823 E. Madison st

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, June 2, 191 6

20-UNDERTAKER Geo M. Frink ADDRESS 811 N Wolfe

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95528

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95528

CERTIFICATE OF DEATH.

1769

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier 10 Locust Point St.: 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME *Reinhold Bruno Becker,*

(Residence in Baltimore: No. On Str. Rhein, Locust Point. St. 1 yrs., 10 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, ..February.. (Month) ..15th.. (Day), 1870 (Year)

7-AGE, ..46.. yrs. ..3.. mos. ..14.. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work....Steward S/S Rhein.....
(b) General nature of industry, business, or establishment in which employed (or employer) North German Lloyd Steamship Co.

9-BIRTHPLACE, (State or Country), Delitzsch, Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER do.

13-BIRTHPLACE OF MOTHER (State or Country), do.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Imperial German Consulate

(Address).....2 East German Street

15- JUN 2 - 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..May 29, (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..inquiry.. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..his.. (Inquest, autopsy or inquiry.) ..inquiry.. found that said deceased came to ..death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
Accidental drowning
.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) F. Edward Snyder M. D.
(Coroner)

June 1, 191.6 (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, 1st Evangelical Cem. DATE OF BURIAL, June 2, 1916

20-UNDERTAKER H. Sander & Son ADDRESS 1711 East M.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95529 C95529

50

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 618 S. Montford ST.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Bernhard Kimmerle.

(Residence in Baltimore: No. 618 S. Montford ST.; 67 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If the word): Married

6 DATE OF BIRTH: December 24, 1840 (Month) (Day) (Year)

7 AGE: 75 yrs. 5 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cooper
(b) General nature of industry, business, or establishment in which employed (or employer): Kimball & Tyler

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Frederick Kimmerle

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Keeler

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bernard Kimmerle Jr

(Address) 618 S Montford Ave

15 Filed JUN 2 - 1916, 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 31st, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1912 to. May 31st 1916, that I saw him alive on May 30th, 1916, and that death occurred, on the date stated above, at 3.45 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Gangrene of Left foot

(Duration) 3 yrs. 11 mos. 28 ds

Contributory (SECONDARY) Arterio sclerosis

(Duration) 5 yrs. ..... mos. ..... ds.

(Signed) H Carlson M Biedler M. D.

May 31st, 1916. (Address) 1191 W. Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: 1st Evangelical Lem.

DATE OF BURIAL: June 3rd, 1916

20 UNDERTAKER: H Sander Sons

ADDRESS: 1710 Fleet st.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95530 — C95530

CERTIFICATE OF DEATH.

x42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsa Hidden

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 10 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 29 (Day), 1857 (Year)

7-AGE, 59 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Gotlieb Schroeder.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Saletta Kovent.

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps.

(Address) Johns Hopkins Hosp.

15 JUN 2 - 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1916, to June 1 1916, that I saw h[illegible]ive on June 1 1916, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

Exhaustion

..... (Duration) (?) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Peritonitis

..... (Duration) ..... yrs. ..... mos. (7) ds.

(Signed) W. R. Holmes M. D.

June 1, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. 6 mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Colgate Md

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, June 4, 1916.

20-UNDERTAKER J. Herwig & Co — ADDRESS 2008 Aliceanna

C95531 HEALTH DEPARTMENT—CITY OF BALTIMORE C95531

CERTIFICATE OF DEATH.

118

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1316 Whatcoat (N) St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Skinner.

(Residence in Baltimore: No. 1316 Whatcoat (N) St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, ... Unknown ....., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... 31 ..... yrs. 3 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer on St
(b) General nature of industry, business, or establishment in which employed (or employer)..... Public Street

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Wife 1316 Whatcoat.

(Address).....

15- JUN 2 - 1916 HARRY C. ANDREWS
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 30 ....., 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) Inquest ....find that said deceased came to .....death on the day stated above.

The CAUSE OF DEATH* was as follows: Abscess of abdomen

..... Unknown ..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) ..... Peritonitis .....

..... (Duration).....yrs.....mos.....ds.

(Signed)..... J. M. Hitchcock ..... M. D. (Coroner)

May 31. 1916. (Address)..... 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?..... No .....

Former or usual residence..... None .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	June 2 1916
20-UNDERTAKER James H Dinning	ADDRESS 1303 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95532 × 28 C95532

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gus Goldheimer

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., 1 mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Sept. (Month) 16 (Day), 1867 (Year)

7-AGE, 49 yrs. 8 mos. 16 ds. — If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods Saleman

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, Abraham Goldheimer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henrietta Rosenfeld

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp.

(Address) Albert & L

15- Filed JUN 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1916, to June 2 1916, that I saw him alive on June 2 1916, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Tuberculosis Peritonitis

(Duration) .... yrs. 2 3 mos. .... ds.

(Signed) Edward L. Smith M. D.

June 2, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. 1 mos. 7 ds. In the State .... yrs. 1 mos. 7 ds.

Where was disease contracted, if not at place of death? New York City

Former or usual residence New York City

19-PLACE OF BURIAL OR REMOVAL, New York City — DATE OF BURIAL, June 7, 1916.

20-UNDERTAKER Ahrens & Co — ADDRESS 1611 Madison

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95533

C95533

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 5. N. Bruce ST.; 19 WARD) REGISTERED NO. C 71

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Browning

(Residence in Baltimore: No. 5. N. Bruce St St.; 2 yrs., — mos. 2 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REGORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH May 29, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto-city

PARENTS.

10-NAME OF FATHER, Theodor Browning

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Cant tell

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lizzie Brown

(Address) 5 N. Bruce st.

15-

FILED JUN 2 - 1916 HARRY C. ARENT, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 31st May, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1916, to May 31 1916, that I saw her alive on May 31 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Convulsions

2 ds
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cant tell

(Duration) yrs. mos. ds.

(Signed) G. W. Klatzer M.D.

June 1, 1916 (Address) 671 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pikesville Cemetery

DATE OF BURIAL, June 2nd, 1916.

20-UNDERTAKER Chas Crowley

ADDRESS 25 N Fulton ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95534 C95534

CERTIFICATE OF DEATH.

REGISTERED No. C 79

PLACE OF DEATH.

CITY OF BALTIMORE (No. Franciscan Sisters of St. Francis, 10 WARD) a

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Elizabeth Gumbert.

(Residence in Baltimore: No. 1404 Ashland ave. 67 St; yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, July 6, 1835
(Month) (Day) (Year)

7-AGE, 80 yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Geo. Gumbert.

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER May Muskbeger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Russell

(Address) 1404 Ashland

15- Filed JUN 2 - 1916, 191.... HARRY C. ANDREW, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) 6 yrs. mos. ds.

(Signed) J. Wm. Bailey M. D.
(Coroner.)

June 5 1916. (Address) 1 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, June 5, 1916

20-UNDERTAKER Henry Hosek Son — ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C95535

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95535

CERTIFICATE OF DEATH.

105

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 N. Washington St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Schaffer

(Residence in Baltimore: No. 2023 N. Washington St. St.; 19 yrs., 5 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 27, 1896
(Month) (Day) (Year)

7-AGE, 19 yrs. 5 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship fitter at
(b) General nature of industry, business, or establishment in which employed (or employer): Sparrows Point.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Harry M. Schaffer

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Margaret Clements

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Harry M. Schaffer

(Address) 2023 N. Washington St

15- Filed JUN 2 - 1916, 191.... HARRY C. ABBEY Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 2 1916, that I saw h.m alive on June 2 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jacob Freshman M. D.

June 2, 1916 (Address) 1823 N. Wash St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, June 5, 1916

20-UNDERTAKER Harry Hoffman & Son

ADDRESS 1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95536 C95536

CERTIFICATE OF DEATH.

127

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Comfort W. E. Offutt

(Residence in Baltimore: No. Hebrew Hospital St.; ....yrs.,....mos. 8 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, December 19, 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Co. Md

PARENTS.

10-NAME OF FATHER, Joshua T. Corkey

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co. Md.

12-MAIDEN NAME OF MOTHER Sarah Denmead

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Noah E. Offutt

(Address) Cockeysville, Md.

15- JUN 2 - 1916 HARRY C. ANDREWS
Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1916, to May 31 1916, that I saw her alive on May 31 1916, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Pyonephrosis

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Post Operative Ileus

(Duration) ....yrs. ....mos. 1 ds.

(Signed) M. Marcus Astra M. D.

5/31, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Cockeysville Md

Former or usual residence Cockeysville Md

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Greenwood P. E. Church Cemetery Cockeysville Md	6/3, 1916

20-UNDERTAKER	ADDRESS
Henry A. Means & Son	1051 Eutaw St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95537 C95537

CERTIFICATE OF DEATH.

REGISTERED NO. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2244 Vincent ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Wilkins

(Residence in Baltimore: No. 2244 Vincent St.: yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH. May (Month) 31 (Day), 1914 (Year)

7-AGE. ....yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Balto City

PARENTS.

10-NAME OF FATHER. Daniel Wilkins

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Lena E. Woods common law wife

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Woods

(Address) 2244 Vincent St

15- Filed JUN 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

during Foetal life

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Congenital Syphilis

(Duration) ....yrs. ....mos. ....ds.

(Signed) James McCauley M. D. (Coroner.)

June 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
	JUN 2 1916, 19....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95538

CERTIFICATE OF DEATH.

C95538

REGISTERED NO. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST., 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Johnson

(Residence in Baltimore: No. University Hosp St.; ..... yrs., ... mos. 24 hrs ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, May 29, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 2 hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles Harris Johnson

11-BIRTHPLACE OF FATHER (State or Country), Broadrock, Va

12-MAIDEN NAME OF MOTHER Mary Bundrick

13-BIRTHPLACE OF MOTHER (State or Country), Nelsonia, Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-Filed JUN 2 - 1916 KITTY [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1916, to May 29 1916, that I saw h-r alive on May 29 1916, and that death occurred, on the date stated above, at 6 45 p m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Liver 2½ hrs.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

May 30, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2½ hrs ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? no

Former or usual residence Former residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, JUN 1, 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

WM. E. WOODALL

Spec.—8-24-14—M. & T.—2000 Bks.

C95539

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95539

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl. Hospital St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick N. Northrup

(Residence in Baltimore: No. 505 N. Carey St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1842 (Year)

7-AGE, 74 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Bookkeeper

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Frederick Northrup

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER Sophia Updike

13-BIRTHPLACE OF MOTHER (State or Country), Rd.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leffie Northrup

(Address) 505 N. Carey St.

15- Filed JUN 2 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1916, to June 1 1916, that I saw him alive on June 1, 1916, and that death occurred, on the date stated above, at 2:30 P.m.

The CAUSE OF DEATH was as follows:

Carcinoma of Sigmoid

Ulceration

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. H. Mosher M. D.

June 1, 1916 (Address) Md. Genl. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Md Genl Hospital

19-PLACE OF BURIAL OR REMOVAL, Ridgewood N.J. DATE OF BURIAL, June 3, 1916

20-UNDERTAKER Lewis Cook ADDRESS 30 E. Hoffman

c/o Leffie Northrup via B.R.&P.R.R.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95540 C95540

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Scovans

(Residence in Baltimore: No. Towson, Maryland St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 28 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 7 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), —

12-MAIDEN NAME OF MOTHER Rose Scovans

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Shumaroy Jr. M.D.

(Address) .....

15- FILED JUN 2 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 28 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from May 28 1916, to May 28 1916, that I saw h[illegible] alive on May 28 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital malformation

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Shumaroy Jr. M. D.

May 28 1916 (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, JUN [illegible], 191...

20-UNDERTAKER

ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95541 ×146 C95541

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Clock

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., 1 mos. 28 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Sept 22, 1908
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 9 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Clock

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Hillert

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St.

15- Filed JUN 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 3 1916, to May 31 1916, that I saw h[illegible] alive on May 31 1916, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Mastoiditis

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard A. Lincoln M. D.

May 31, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 28 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 203 Clinton St Balto City

Former or usual residence 203 Clinton St

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, June 2, 191.6

20-UNDERTAKER Filby & Zink ADDRESS 403 E. Monument St.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95542 C95542

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Lemmon ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Bonat

(Residence in Baltimore: No. 927 Lemmon St St.; 58 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE 83 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Richmond Va.

PARENTS.

10-NAME OF FATHER, Conrad Yoerberg.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Yoerberg

(Address) 610 N. Conway St

15- Filed JUN 2 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1915, to May 31 1916, that I saw h— alive on May 30 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 10 yrs. mos. ds.

(Signed) E. Vonlakeman M. D.

June 1, 1916 (Address) 241 Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, June 3, 1916

20-UNDERTAKER Jos B Cook

ADDRESS 1032 Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95543

CERTIFICATE OF DEATH.

151 C95543

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 Old York Road ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Mrs. [illegible]~~ Louisa E Gay

(Residence in Baltimore: No. 106 Old York Road St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 31 (Day), 1916 (Year)

7-AGE, — yrs. — mos. — ds.

If LESS than 1 day, 41 hrs. or ½ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Louis A. Gay

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Elizabeth Menter

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis A. Gay

(Address) 106 Old York Road

15- JUN 2 - 1916 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1916, to June 1 1916, that I saw her alive on June 1 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Premature birth (7 months) about 22 hours

(Duration) 3 hrs. mos. ds.

CONTRIBUTORY (Secondary) Laceration

(Duration) yrs. mos. ds.

(Signed) Chas A Fettkether M. D.

June 2, 1916 (Address) 1807 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cath Lawn

DATE OF BURIAL, June 2, 1916.

20-UNDERTAKER Christian Miller

ADDRESS 2344 Jefferson 15

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C95544

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95544

CERTIFICATE OF DEATH.

109

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. General Hospital ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia L Clark

(Residence in Baltimore: No. 1204 Bloomingdale Road St.: 26 yrs., 5 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	widow

6-DATE OF BIRTH, December 10, 1889
(Month) (Day) (Year)

7-AGE, 26 yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John M. Mcarthur

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Anna Kuhlman

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. L. McNeal

(Address) Balto & Delaware Ave

15- JUN 2 - 1916, 191.... HARRY [illegible] U.S. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 1916, to June 1 1916, that I saw h[er] alive on June 1 1916, and that death occurred, on the date stated above, at 8,30 P.M.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) yrs. mos. 16 ds.

(Signed) D. L. Shannon M. D.

June 1, 1916. (Address) Mt. Hamilton Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 6 ds. In the State 26 yrs. 5 mos. 22 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1204 Bloomingdale Road.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, June 4, 191..

20-UNDERTAKER W. M. Roulson — ADDRESS 2300 Eutaw

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95545 28 C95545

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Barnes ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Kucera

(Residence in Baltimore: No. 1617 Barnes St. 21 yrs., 10 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 13th, 1894
(Month) (Day) (Year)

7-AGE, 21 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER Frederick Lang

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Mary Kusmdsetr

13-BIRTHPLACE OF MOTHER (State or Country) Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Lang

(Address) 803 N. Dallas St.

15- Filed JUN 2 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1st, 1916.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 15, to June 1st 1916, that I saw h.. alive on June 1st 1916, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) Wm. C. Mc Fee M. D.

June 2nd 1916. (Address) 1034 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 3, 1916.

20-UNDERTAKER Ernest Enoch Son — ADDRESS 1904 Eutaw

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95546 HEALTH DEPARTMENT—CITY OF BALTIMORE C95546

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N Rose ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruzena Kubin

(Residence in Baltimore: No. 803 N Rose St.; 15 yrs., 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, Feb (Month) 27 (Day) 1901 (Year)

7-AGE, 15 yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Joseph Kubin

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Marie

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Kubin

(Address) 803 N Rose St

15- JUN 2 - 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1916, to May 31 1916, that I saw h[illegible] alive on May 31 1916, and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Tb of Peritoneum

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Collapse

(Duration) ....yrs. ....mos. 1 ds.

(Signed) William [illegible] M. D.

May 31, 191... (Address) 1 [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 2, 1916

20-UNDERTAKER Frank Leach & Son — ADDRESS 1906 Eutaw

2

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—3-24-14—M. & T.—2000 Bks.

C95547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

C95547

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 S. Bond ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Knevel

(Residence in Baltimore: No. 713 S. Bond St.; 20 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Feb. 7, 185?
(Month) (Day) (Year)

7-AGE, 59 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Knjawa

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josephine Novak

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mable Doyas

(Address) 713 S. Bond st.

15-JUN 3 - 1916 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1st, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Apr 21— 191 6, to June 1 191 6, that I saw her alive on June 1— 191 6, and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Chronic Pancreatitis

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY Duration
(Secondary)

(Duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

6/2/16, 191... (Address) 1436 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, June 3, 1916.

20-UNDERTAKER Wendell Lipsett & Son — ADDRESS 37 S Ann st

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95548 64 C95548

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 758 E. Fort. Ave. St.: ... WARD) 24

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia A. Dixon

(Residence in Baltimore: No. 758 E. Fort Ave. St.: 66 yrs. 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH April 20, 1850 (Month) (Day) (Year)

7-AGE 66 yrs. 1 mos. 11 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER John C. Bush.

11-BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

12-MAIDEN NAME OF MOTHER Mary Brooks

13-BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs B. F. Condon.

(Address) 758 E. Fort. Ave

15 JUN 3 - 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June 1, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 26, 1916, to June 1, 1916, that I saw h.. alive on June 1, 1916, and that death occurred, on the date stated above, at 2.45 P. m.
The CAUSE OF DEATH* was as follows:

Apoplexy.

(Duration) ... yrs. ... mos. 6 ds

Contributory (SECONDARY) Unknown

(Duration) ... yrs. ... mos. ... ds.

(Signed), Albert I. Saunders M. D.

June 2, 1916 (Address) 1012 N. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Cedar Hill Cem — DATE OF BURIAL June 4, 1916

20-UNDERTAKER J. Fenwick Conley — ADDRESS 39 E. Fort Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

095549 67 095549

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2417 St Paul St.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Wiedeman King

(Residence in Baltimore: No. 2417 St Paul St.; Ctf yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: Sept (Month) 7 (Day), 1840 (Year)

7-AGE: 75 yrs. 8 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Thomas J. Wiederman

11-BIRTHPLACE OF FATHER (State or country): Balto Co Md

12-MAIDEN NAME OF MOTHER: Harriett Hay

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rhonda L. King

(Address) Walnut & 47th Royal Heights

15- JUN 3 - 1916 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19, 1915, to, June 1 1916, that I saw h.. alive on June 1 1916, and that death occurred, on the date stated above, at 11:45 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
Exhaustion

(Duration) 1 yrs mos. ds.

Contributory (SECONDARY) Carcinoma

(Duration) 2 yrs mos. ds.

(Signed), O R O'Camman M. D.

June 2, 1916 [Address] 1707 N Caroline

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: June 3, 1916

20-UNDERTAKER: Geo J. Smith — ADDRESS: Gay & Lo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.--2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095550

CERTIFICATE OF DEATH.

79 095550

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 S. Bethel ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Gross

(Residence in Baltimore: No. 238 S. Bethel St.; ....yrs. ....mos. 14 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1868. (Year)

7-AGE, 48 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Huckstering
(b) General nature of industry, business, or establishment in which employed (or employer) Wagon

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Prince Gross

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sophie Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Gross

(Address) 238 S. Bethel st

15- Filed JUN 3 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1st (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23rd 1916, to June 1st 1916, that I saw him alive on ..... 191.6., and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Heart Disease

(Duration) ....yrs. 6 mos. ....ds.

(Signed) Jacob L. Levinson M. D.

6-1-16, 191.6 (Address) 30 S. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, June 4th, 1916.

20-UNDERTAKER Harry A. Vodery ADDRESS 1726 Orleans st

C95551

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C95551

PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 321 Park ave ST.: 47 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Frank Cole

(Residence in Baltimore: No. 321 Park ave St.: about 65 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	colord	Single

6-DATE OF BIRTH: dont Know, 1 (Month) (Day) (Year)

7-AGE: about yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Genral

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: dont Know

11-BIRTHPLACE OF FATHER (State or country): dont Know

12-MAIDEN NAME OF MOTHER: dont Know

13-BIRTHPLACE OF MOTHER (State or country): dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Matilda Bedford

(Address) 1006 East Madison

15-JUN 3 - 1916 Filed 191

ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 2, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to June 2 1916, that I saw him alive on June 1st, 1916, and that death occurred, on the date stated above, at 5-30 P.M.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

was sick 3 days before I was called.

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) .....

(Duration) yrs. mos. ds.

(Signed) H. K. Gorsuch M. D.

June 2nd, 1916 (Address) 117 N. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel Country | DATE OF BURIAL: June 3, 1916.

20-UNDERTAKER: Felix B Pyle | ADDRESS: 102 E Hulbert

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C95552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C95552

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 14 W. McComas ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Hoffman

(Residence in Baltimore: No. 14 W. McComas St.: yrs., 50 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 12 (Month) (Day), 1837 (Year)

7-AGE, 78 yrs. 11 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, — Knicker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dora —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rose Floyd (daughter)

(Address) 1744 Johnson St

15- Filed JUN 3 - 1916, 191.... ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Disease of the Heart & Kidneys

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Otto M Kennedy M. D. (Coroner.)

May 31, 191.6 (Address) 1017 E Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross bem. A.A. Co. DATE OF BURIAL, June 2nd 1916

20-UNDERTAKER C & B Harle ADDRESS 115 E. West St.

C95553

HEALTH DEPARTMENT---CITY OF BALTIMORE

C95553

CERTIFICATE OF DEATH

120

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 513 North Calhoun St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelius J. O'Brien

(Residence in Baltimore: No. 513 N. Calhoun St. St.; 66 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December 7 1848 (Month) (Day), 1 (Year)

7-AGE: 67 yrs. 5 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk; Balto. City
(b) General nature of industry, business, or establishment in which employed (or employer): Water Dept.

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Michael O'Brien

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Eliza Sollers

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Jennie W. O'Brien

(Address) 513 N. Calhoun Street

15- JUN 3 - 1916 Filed....., 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: ~~May~~ June 1st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to, June 1st 1916, that I saw him alive on May 31st 1916, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Chronic Interst Nephritis

(Duration) yrs 5 mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) Attended from M. D.

June 2nd, 1916. [Address] 406 25th St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: June 3, 1916

20-UNDERTAKER: Henry W. Meagher Son

ADDRESS: 405 N. Calvert St.

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95554

CERTIFICATE OF DEATH.

28 C95554

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 Spring St ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Matilda Bailey

(Residence in Baltimore: No. 2135 Spring st, St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED,~~ (*Write* the word.) Widowed

6-DATE OF BIRTH, March, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. 2 mos. — ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto. Maryland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Stricklin

(Address) 2135 Spring St

15- Filed JUN 3 - 1916 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to June 2 1916, that I saw h er alive on June 1 1916, and that death occurred, on the date stated above, at 10A, m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Richard I. Eisinger M. D.

June 2 1916 (Address) 1514 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, May 5..., 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 234 Pine

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

c—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95555 C95555

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Burgundy ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Owens

(Residence in Baltimore: No. 605 Burgundy St.; 2 yrs., 9 mos. 12 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August 21, 1913 (Month) (Day) (Year)

7-AGE, 2 yrs. 9 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frederick Owens

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Ella Warren

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Frederick Owens

(Address). 605 Burgundy St.

15- JUN 3 - 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1916, to June 2, 1916, that I saw h[illegible] alive on June 1 191, and that death occurred, on the date stated above, at 12-02 p.m.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(Duration) —yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) yrs. mos. 7 ds.

(Signed) [illegible] M. D.

June 2 1916 (Address) 714 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, June 3, 191...

20-UNDERTAKER John H Toadvine ADDRESS 142 Hillen St

C95556

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95556

CERTIFICATE OF DEATH.

150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 913 Woodley ST. 16 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margarite G. Tetch

(Residence in Baltimore: No. 913 Woodley St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June May 31, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country): 913 Woodley st.

PARENTS.

10-NAME OF FATHER, Henry E. Tetch

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Annette Wainwright

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Tetch

(Address) 913 Woodley

15- Filed JUN 3 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Heart

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Not Known

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Mitchell M. D.
(Coroner)

June 2. 1916. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. None

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place None In the of death ....yrs. ....mos. ....ds. State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? None

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Matthews Cem

DATE OF BURIAL, June 3. 1916

20-UNDERTAKER J. Herring & Co

ADDRESS 2008 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C95557

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95557

150

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 913 Woodley St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Fitch.

(Residence in Baltimore: No. 913 Woodley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White.	Single

6-DATE OF BIRTH, May 31, 1916.
(Month) (Day) (Year)

7-AGE, 6 hours. If LESS than 1 day, ...hrs. or .....min.?
.....yrs. .....mos. .....ds.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), 913 Woodley

PARENTS.

10-NAME OF FATHER, Harry F Fitch

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Amanda Hannemyer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) from father

(Address) 913 Woodley

15-

FILED JUN 3 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Non Compos Mentis Cerebral

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. McCollum M. D.
(Coroner.)

June 3, 1916. (Address) 814 East Lee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. None

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? None

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Matthews Cem	June 3, 1916.
20-UNDERTAKER	ADDRESS
J Hennig & Co	2008 Aliceanna

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—1-24-14—M. & T.—2500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—1-24-14—M. S. T.—3500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95558

CERTIFICATE OF DEATH.

28

C95558

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 N. Carolina St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME G. Henry Borcherding

(Residence in Baltimore: No. 1625 N. Caroline St.; 24 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug (Month) 26 (Day), 1891 (Year)

7-AGE, 24 yrs. 9 mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John D. Borcherding

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Wilhelmina Hahn

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John D. Borcherding

(Address) 1625 N. Carolina

15- JUN 3 - 1916 Filed....., 191..... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 1916, to May 31 1916, that I saw h[illegible] alive on May 31 1916, and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs & intestines

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diarrhoea

(Duration) 9 yrs. ..... mos. 10 ds.

(Signed) E. Clarke Dickinson M. D.

June 1, 1916. (Address) 55 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cem	June 4, 1916.
20-UNDERTAKER J. Herring & Co	ADDRESS 2008 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95559 C95559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Cole st ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence Cooper

(Residence in Baltimore: No. 1521 Cole st. St.; 1 yrs., 9 mos. 18 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Bobe

6-DATE OF BIRTH: Aug (Month) 19 (Day), 1914 (Year)

7-AGE: 1 yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bobe
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Eugene Cooper

11-BIRTHPLACE OF FATHER (State or Country): West Virginia

12-MAIDEN NAME OF MOTHER: Lillian Munday

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. W. Phillips

(Address) 1701 Hollins st

15-JUN 3 - 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 1st (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 24 1916, to June 1st 1916, that I saw h~ alive on June 1st 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. W. Phillips M. D.

6/2-1, 191.6. (Address) 1701 Hollins st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park DATE OF BURIAL, June 3, 1916

20-UNDERTAKER Jarrett & Sepor ADDRESS 1600 W. Fath ave

C95560

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C95560

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1902 Harlem Ave ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geraldine Woolfenden

(Residence in Baltimore: No. 1902 Harlem Av St.; yrs. mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: May (Month) 22 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. 12 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country) Balto City

PARENTS

10-NAME OF FATHER Emmond E. Woolfenden

11-BIRTHPLACE OF FATHER (State or country) City

12-MAIDEN NAME OF MOTHER Estella M. Hulse

13-BIRTHPLACE OF MOTHER (State or country) City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. E. Woolfenden

(Address) 1902 Harlem Av

15 Filed JUN 3 - 1916, 191 — HARRY C. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1916, to June 3 1916, that I saw her alive on June 1, 1916, and that death occurred, on the date stated above, at 2 9 m.

The CAUSE OF DEATH* was as follows:

Catarrhal Jaundice

(Duration) ..... yrs. ..... mos. 12 ds

Contributory (SECONDARY) Jaundice

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed), J. L. Hooper M. D.

June 3, 1916. (Address) 917 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: June 4 1916

20-UNDERTAKER: Joseph Leppo — ADDRESS: 600 W North Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95561 95561

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1375 N. Carey ST.; 15 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Sines

(Residence in Baltimore: No. 1375 N. Carey St.; 20 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic Servant
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Pratt

(Address) 1375 N. Carey St.

15- JUN 3 - 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 15 1916, to June 1 1916, that I saw her alive on June 1 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart secondary to Mitral regurgitation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 4 ds.

(Signed) Chas. E. Clark M. D.

May 2, 1916. (Address) 1310 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 4, 1916

20-UNDERTAKER James H Dennis

ADDRESS 1303 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95562 64 C95562

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 S Sharp St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Teptar

(Residence in Baltimore: No. 912 S Sharp St.; 55 yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, Dec 22 (Month), ... (Day), 1851 (Year)

7-AGE,	If LESS than 1 day,
26 yrs. 5 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Teptar

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherina

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Teptar

(Address) 3400 Baltimore St.

15-

Filed JUN 3 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 2 1916, to June 1 1916, that I saw h.. alive on June 1 1916, and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) E. P. Potter, M. D.

June 2, 1916. (Address) 1711 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	June 4, 1916
20-UNDERTAKER	**ADDRESS**
H. Sander Sons	1200 Eutaw St

C95563

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

C95563

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1424 Nicholson ST.: 24 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME — Geo. W. Bishop Sr.

Residence in Baltimore: No. 1424 Nicholson St.: 68 yrs. — mos. 17 ds.)

8

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May (Month) 14 (Day), 1848 (Year)

7 AGE: 68 yrs. — mos. 17 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Importer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto - Md.

PARENTS

10 NAME OF FATHER: Geo W. Bish. Jr.

11 BIRTHPLACE OF FATHER (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Elizabeth East.

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. W. Bishop

(Address) 1424 Nicholson St

15 Filed JUN 3 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1916, to June 1916 that I saw h[illegible] alive on June 1, 1916, and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

Acute Dilation of Heart.

Chronic Myocarditis (Duration) yrs. mos. 3 ds.

Contributory (SECONDARY) (Duration) yrs. 3 mos. ds.

(Signed) C Mirlette M. D.

June 2, 1916 (Address) 1279 Millcam St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lauden Park

DATE OF BURIAL: June 4, 1916

20 UNDERTAKER: H. Sander & Sons

ADDRESS: 1710 Fleet St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C95564

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/20

C95564

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2107 E. Lombard St ST.: 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Nellie C. Kindsvater

(Residence in Baltimore: No. 2107 E. Lombard St ST.: 27 yrs. 4 mos. 19 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: January 12, 1889 (Month) (Day) (Year)

7 AGE: 27 yrs. 4 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Frank J. Hess

11 BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Kate M. Friel

13 BIRTHPLACE OF MOTHER (State or country): Virginia.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Windsor

(Address) 2107 E Lombard St

15 JUN 3 - 1916 Filed ....., 191.. HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 1st, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 4th, 1916, to June 1st, 1916, that I saw h[illegible] alive on June 1st, 1916, and that death occurred, on the date stated above, at 8 45 P m.
The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Uraemia

(Duration) — yrs. — mos. 7 ds.

(Signed) Theron F. Thurman M. D.

June 1, 1916 (Address) 1227 W Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: June 4, 1916

20 UNDERTAKER: Lilly & Zeller — ADDRESS: 403 S. Wolfe St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE FEMALE. IF MARRIED, WIDOWED OR DIVORCED, THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95565 C95565

CERTIFICATE OF DEATH.

150

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1326 N. Calhoon ST.: 15 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora Lamm

(Residence in Baltimore: No. 1326 N Calhoon St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Wh	Single

6-DATE OF BIRTH. ..... May 31 ....., 1916
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
.....yrs.....mos. 1 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). 1326 N Calhoon

PARENTS.

10-NAME OF FATHER, Melvin Lamm

11-BIRTHPLACE OF FATHER (State or Country). Balt

12-MAIDEN NAME OF MOTHER Cora Kemp

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Melvin Lamm .....

(Address)..... 1326 N Calhoon .....

15- Filed JUN 3 - 1916 ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 1 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) ..... Injury ..... find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Non Closure Foramen Ovale
.....
.....
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Not Known
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... H. McCahan ..... M. D.
(Coroner.)
June 2 1916. (Address) 319 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
None .....
Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Zion Cemetery — DATE OF BURIAL, June 4 1916

20-UNDERTAKER James H. Dennis — ADDRESS 1361 Presstman

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95566 C95566

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lemmert Hospital St.; 21 Ward) 186

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Jos Smith

(Residence in Baltimore: No. 409 W. Oxford St St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1872
(Month) (Day) (Year)

7-AGE, 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Factory

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jacob Smith

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Elizabeth Miller

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Smith

(Address) 409 W Oxford st

15-

JUN 3 - 1916

Filed ....., 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 1916, to June 1 1916, that I saw him alive on June 1 1916, and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Gastritis - Injured Foot Thru Glass

Staphylococcic Cellulitis of Foot

Septicaemia as Contributory

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Injured Foot & Deleirium Tremens

(Duration) yrs. mos. 7 ds.

(Signed) Dr Houston Lowson M. D.

June 1, 1916. (Address) Lemmert Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 409 W Oxford St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, June 4., 1916.

20-UNDERTAKER John J. Fields

ADDRESS 1200 E. Lombard st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

~over~

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95567 C95567

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Schloss

(Residence in Baltimore: No. 2448 Eutaw Place St.; ... yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Hebrew (White)	Single

6-DATE OF BIRTH. April (Month) 3 (Day), 1907 (Year)

7-AGE. 9 yrs. 1 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Julius Schloss

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Florence Whitehill

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address).....

15- JUN 3 - 1916 Filed....., 191.... HARRY T. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June (Month) 1 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 1916, to June 1 1916, that I saw h.er alive on June 1 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Streptococcus peritonitis
(Following streptococcus sore throat)
Operation May 27 & May 30
(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Operation for Appendicitis
(Duration) ... yrs. ... mos. ... ds.

(Signed) B. F. Kieffer M. D.

June 1., 191.6. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death — yrs. — mos. 5 ds. In the State 9 yrs. 1 mos. 28 ds.

Where was disease contracted, if not at place of death? 2448 Eutaw Place

Former or usual residence 2448 Eutaw Place

19-PLACE OF BURIAL, OR REMOVAL. Balto Hebrew — DATE OF BURIAL. June 4 (Day), 1916. (Year)

20-UNDERTAKER David Sondheim — ADDRESS 1180 W. Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95568 C95568

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 E. Federal ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Pensely

(Residence in Baltimore: No. 1824 E. Federal St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. 3, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cutter & Trimmer
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Philip Pensel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna M. Wriegand

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine E. Pensel

(Address) 1824 E. Federal

15- FILED JUN 3 1916 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th 1916, to June 1st 1916, that I saw h in alive on June 1st 1916 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Malignant Endocarditis

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Typhoid fever

(Duration) ....yrs. ....mos. 20 ds.

(Signed) Albertus Cotton M. D.

6/2/, 191.. (Address) 1303 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, June 4, 191..

20-UNDERTAKER Fickler & Fickler

ADDRESS 1759 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C95569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95569

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2843 Hudson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Cummings

Residence in Baltimore: No. 2843 Hudson St. St.; ...yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married.

6-DATE OF BIRTH, Feb. (Month) 24 (Day), 1851. (Year)

7-AGE, 65 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Edward Fairbanks

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Elizabeth Cummings

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John R. Cummings Jr.

(Address) 2843 Hudson St.

15- Filed JUN 3 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1912 to June 2 1916, that I saw her alive on June 1 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. B. Vickroy M. D.

June 3, 1916 (Address) 3030 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lot No. Lillyhmans Island

DATE OF BURIAL, June 4, 191..

20-UNDERTAKER Lilly & Fairbanks (Fairbanks Sons)

ADDRESS 403 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95570 C95570

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Clinton ave St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Brennan

(Residence in Baltimore: No. 1829 Clinton ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug 22, 1850 (Month) (Day) (Year)

7-AGE, 65 yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Finckenauer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Jane Boyle

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas R McComas

(Address) 1829 Clinton ave

15- JUN 3 - 1916 HARRY C. ANDREWS

Filed ..... 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2nd 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to June 2 1916, that I saw h er alive on June 1st 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. L. Lloyd M. D.

June 3, 191.. (Address) 238 Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westminster Md June 5 1916

DATE OF BURIAL,

20-UNDERTAKER A Diedrich Jas Northern

ADDRESS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95571

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C95571

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2109 St Paul - St. 12 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Hoy - Williams

(Residence in Baltimore: No. 2109 St Paul St St.; 61 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: about 61 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md - City

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur H. Williams

(Address) 2109 St Paul St

15 Filed JUN 3 - 1916, 191- Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 1st, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 191.., to ..... 191..., that I saw h.. alive on June 1st, 1916, and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:

No death was due to a long standing intestinal trouble

(Duration) 15 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. L. Evans M. D.

....., 191... (Address) 524 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudin Park | DATE OF BURIAL: June 3, 191 6

20-UNDERTAKER: W. F. Tschudy Sons | ADDRESS: Pemax Nath

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95572 C95572

CERTIFICATE OF DEATH.

REGISTERED NO. C 76

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1154 Sargeant ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl J Treffinger

(Residence in Baltimore: No. 1154 Sargeant St St.; 1 yrs., 7 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 9 (Day), 1914 (Year)

7-AGE, 1 yrs. 7 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charles J Treffinger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Nissel

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles J Treffinger

(Address) 1154 Sargeant St

15- Filed JUN 3 - 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916 to June 2 1916, that I saw h er alive on June 2 1916, and that death occurred, on the date stated above, at 7A. m.

The CAUSE OF DEATH* was as follows:

Meningitis Acute Otitis

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) E L Lorentzen M. D.

6/2, 1916. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemtry

DATE OF BURIAL, June 4, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should take CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095573

CERTIFICATE OF DEATH.

40 095573

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1834 E Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M. Wrightson

(Residence in Baltimore: No.) 1834 E Madison St.; 56 yrs., 7 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-CONDITION, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: 3 (Month) Oct (Day), 1859 (Year)

7-AGE: 56 yrs. 7 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Columbus C Wrightson

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Lizzie Ward

13-BIRTHPLACE OF MOTHER (State or Country): Dumaset Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Wrightson

(Address) 2430 Frederick Av

15- JUN 3 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1916, to June 2 1916, that I saw him alive on June 1 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

Chronic Nephritis & Uremia

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 1 yrs. .... mos. .... ds.

(Signed) Wm. S. Sage M. D.

6/3/16, 191... (Address) 709 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL, 6/4, 1916.

20-UNDERTAKER: William Cook

ADDRESS 502 E North Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

095574

HEALTH DEPARTMENT—CITY OF BALTIMORE

095574

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 6 N Amity ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Murray

(Residence in Baltimore: No. 6 N Amity St.; 30 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mar.

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country) Charles Co Md

PARENTS.

10-NAME OF FATHER, Wm Murray

11-BIRTHPLACE OF FATHER (State or Country) Calvert Co Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Matilda Murray
(Address) 6 N Amity

15-
Filed JUN 3 - 1916, 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 31 1916, to June 2 1916, that I saw h alive on June 2 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart
Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (Duration) yrs. mos. 1 ds.

(Signed) J. T. Norwood M. D.
June 3, 1916 (Address) 1330 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, June 3, 1916.

20-UNDERTAKER John J Cowan & Son — ADDRESS 901 Rolling Rd

N. B.—Every item of information should be carefully given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95575

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 C95575

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1525 Vine ST. 19 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Burgess

(Residence in Baltimore: No. 1525 Vine St.: 14 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 42 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Annie Lewis

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Lug

(Address) 1525 Vine St

15. JUN 3 - 1916 HARRY C. A... Buried Page ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1916, to June 2, 1916, that I saw h[illegible] alive on June 1, 1916, and that death occurred, on the date stated above, at 10.15 a.m.

The CAUSE OF DEATH* was as follows:

Pleurisy

(Duration) ..... yrs. ..... mos. 21 ds

Contributory (SECONDARY): Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Holland Keech M. D.

June 2, 1916. (Address) 1509 N. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: June 5, 1916

20 UNDERTAKER: John Howard & Son — ADDRESS: 901 Walbrook

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

C95576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 C95576

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Gate Lodge Loudon Park ST.: 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen Haight

(Residence in Baltimore: No. Gate Lodge Loudon Park St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 20, 1903
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
12 yrs. 8 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stephen N Haight

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co

12-MAIDEN NAME OF MOTHER Bessie Appleby

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew J Haight

(Address) Loudon Park

15- JUN 3 - 1916 HARRY [illegible]
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1916, to June 2 1916, that I saw him alive on June 2 1916, and that death occurred, on the date stated above, at 9.40 m.

The CAUSE OF DEATH* was as follows:

Meningitis (Tubercular)

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas Walker M. D.

June 3, 1916. (Address) 528 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	June 4, 1916
20-UNDERTAKER	ADDRESS
Jno J Smith	37 W Fayette

N. B.—Every item of information should be carefully supplied. AGE should be exactly stated. Physicians and others will please bear in mind that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95577

28 C95577

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1151 N Carey ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Areca Brown

(Residence in Baltimore: No. 1151 N Carey St.; 1 yrs. ✓ mos. ✓ ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6-DATE OF BIRTH June (Month) 10 (Day), 1886 (Year)

7-AGE 29 yrs. 11 mos. 18 ds. If LESS than 1 day, ✓ hrs., or ✓ min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Maid

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Geo Brown

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Alice Cooley

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harriet Grace

(Address) 1151 N Carey St

15- Filed JUN 3 - 1916, 19.. HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to, June 7 1916, that I saw h[illegible] alive on June 7 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

1. Acute Laryngeal tuberculosis

(Duration) ✓ yrs 1 mos. ✓ ds.

Contributory (SECONDARY) Pneumonia and Exhaustion

(Duration) 1 yrs ✓ mos. ds.

(Signed) Bernard L French M. D.

6-8-16, 1916 [Address] 1707 E Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..yrs..mos..ds. In the State ..yrs..mos..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	June 9, 1916
20-UNDERTAKER	ADDRESS
Sam'l Oliver Hamilton	Woodlawn

Spec.—5-19-13—M. & T.—500 Bks.

C95578

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95578

CERTIFICATE OF DEATH.

35

PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Warner St.; 22 Ward) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Herman Coffield

(Residence in Baltimore: No. 608 Warner St.; 14 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE, 14 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work School boy (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Coffield

(Address) 608 Warner

15- Filed JUN 4 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1916, to June 2 1916, that I saw h[illegible] alive on June 1 1916, and that death occurred, on the date stated above, at 10a, m.

The CAUSE OF DEATH* was as follows:

Pulmonal Tuberculosis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

6/2, 1916 (Address) 2005 Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL. June 4, 1916

20-UNDERTAKER Geo H Hooper ADDRESS 609 Little Macon St

Spec.—8-24-14—M. & T.—2000 Blks.

C95579

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95579

CERTIFICATE OF DEATH.

170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 Calvin ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgianna Hill

(Residence in Baltimore: No. 321 Calvin St.; 70 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1846 (Year)

7-AGE,	If LESS than 1 day,
45 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Clarin Hill.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Betsie Peals.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Katie Hill

(Address) 321 Colvin St.

15-

Filed JUN 4 - 1916, 191.... HARRY [illegible]

Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15, 1916, to June 1 1916, that I saw her alive on June 1, 1916, and that death occurred, on the date stated above, at 8:55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Oedema of lungs arteriosclerosis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Robert J. Green M. D.

June 2, 1916 (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion Cem	6/4, 1916

20-UNDERTAKER Samuel Stewart ADDRESS 578 N Eddy St

578 N Eddy St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C35580

HEALTH DEPARTMENT—CITY OF BALTIMORE

C35580

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1438 Ward St ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Stewart

(Residence in Baltimore: No. 1438 ward St.; yrs., 23 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, not Known, 1 (Month) (Day) (Year)

7-AGE, ~~Under 1 Year~~ 54 years ....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... private homes

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jung

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Stewart

(Address) 1438 Ward St

15- Filed JUN 4 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Insufficiency
following Rheumatism
(Probably Mitral)
(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute dilatation
Heart (Duration) 2 yrs. ....mos. 1 hour

(Signed) James M Faulon M. D.
(Coroner.)

June 2 1916 (Address) 720 Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 4, 1916

20-UNDERTAKER Daniel Carbon — ADDRESS 916 Pa Ave

C95581

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95581

CERTIFICATE OF DEATH.

5 175

PLACE OF DEATH

CITY OF BALTIMORE (No. 606 W. Lombard ST.: 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. FULL NAME Annie Gray

(Residence in Baltimore: No. 606 W. Lombard St. St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 19, 1909.
(Month) (Day) (Year)

7-AGE, 6 yrs. 5 mos. 14 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Poquonock Conn.

PARENTS.

10-NAME OF FATHER, Wm. Gray.

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Maggie Halinsky.

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Gray

(Address) 606 W. Lombard St

15- Filed JUN 4 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest and Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia Caused by shock due to being struck by Rear Step 3 Car, (Immediately accident) (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Albert L. Driscoll M. D.
(Coroner.)

June 3, 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer | DATE OF BURIAL, June 4..., 1916

20-UNDERTAKER John Grebliunas | ADDRESS 500 S. Paca St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—3-24-14—M. & T.—2000 Bks.

C95582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C95582

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N. Central Ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hinda Blank

(Residence in Baltimore: No. 223 N. Central Ave St.; 14 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 84 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Isaac Witman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Rosa

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Blank

(Address) 223 N. Central Ave

15- Filed JUN 4 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to June 12 1916, that I saw h.. alive on June 14 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Val. Dis. of Heart

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Brights Kidney

(Duration) — yrs. — mos. ds.

(Signed) Edward Abbruzzese M. D.

June 3, 1916. (Address) 208 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 223 N Central Ave

Former or usual residence 223 N. Central Ave

19-PLACE OF BURIAL OR REMOVAL, Pikesville Nursing Home — DATE OF BURIAL, June 4, 1916

20-UNDERTAKER L. Feinson & Bro — ADDRESS 1072 Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95583 C95583

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3. N. Chapel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson Brown.

(Residence in Baltimore: No. 3. N. Chapel St.; Life yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown — (Month), — (Day), 1 — (Year)

7-AGE, about 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day labor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Addie Brown

(Address) 3. N. Chapel St

15- JUN 4 - 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 11 1916, to June 1 1916, that I saw him alive on June 1 1916, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos. 20 ds.

CONTRIBUTORY..... (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) W. C. Brown M. D.

June 2, 1916 (Address) 2218 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Asbury cemetery. DATE OF BURIAL, June 4.., 1916.

20-UNDERTAKER Milton Davis ADDRESS 1016 McElderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95584

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95584

CERTIFICATE OF DEATH.

REGISTERED No. C 6 79

PLACE OF DEATH

CITY OF BALTIMORE (No. 1907 E Fayette, ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Harriett E Armiger

(Residence in Baltimore: No. 1907 E Fayette, St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, ... June ....., 1 ..... (Month) (Day) (Year)

7-AGE, ... 14 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland Co. Md

PARENTS.

10-NAME OF FATHER, Benjamin Chesney

11-BIRTHPLACE OF FATHER (State or Country), Maryland Co. Md

12-MAIDEN NAME OF MOTHER Ann Evans

13-BIRTHPLACE OF MOTHER (State or Country), Maryland Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Armiger

(Address) 1907 E Fayette

19 JUN 4 - 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June ..... 2 ....., 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) I find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Senility .....

..... Organic Heart Disease ..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... J Knox Jones ..... M. D. (Coroner.)

June 2, 1916 (Address) 2538 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dumont Cemetery — DATE OF BURIAL, June 5, 1916

20-UNDERTAKER Robert E Fuller — ADDRESS 221 N Bradley

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

251

C95585

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95585

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. B & O Building) (Mercy Hospital) REGISTERED No. C 12
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert F Meeks

(Residence in Baltimore: No. 1046 W. Saratoga St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH: September (Month) 4 (Day), 1883 (Year)

7-AGE: 32 yrs. 8 mos. 28 ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Harness Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Family

9-BIRTHPLACE, (State or Country): Balto. City ~~Hampton Mass~~

PARENTS.

10-NAME OF FATHER: Franklin Meeks ~~Boston Mass~~

11-BIRTHPLACE OF FATHER (State or Country): Balto City

12-MAIDEN NAME OF MOTHER: Anna C. Fink

13-BIRTHPLACE OF MOTHER (State or Country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Jno. A. Meeks
(Address) 1046 W Saratoga

15-FILED JUN 4 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (~~Inquest, autopsy or~~ inquiry.) thereon and from the evidence obtained by said Inquest (~~Inquest, autopsy or~~ inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
and Internal Injuries
Sudden (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Accident Fell down Elevator Shaft
(Duration) yrs. mos. ds.

(Signed) H. S. Perkins (Coroner.) M. D.
June 3, 1916 (Address) 1639 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 24 yrs. mos. ds.
Where was disease contracted, if not at place of death? 15 S. C. Office Building
Former or usual residence 1046 W Saratoga St

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	June 5, 1916
20-UNDERTAKER	ADDRESS
Robt S. Little	531 N Fremont Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95586

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95586

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital St., 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Rosenthal

(Residence in Baltimore: No. 1 2946 Greenmount Ave. St.; 20½ hrs. 0 yrs., 0 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 2nd, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. — mos. — ds. If LESS than 1 day, 20½ hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland City

PARENTS.

10-NAME OF FATHER, Henry Edward Rosenthal

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mamie Dewitt

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. A. Rosenthal

(Address) Johns Hopkins Hospital

15- Filed JUN 4 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2nd, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2nd 1916, to June 2nd 1916, that I saw him alive on June 2nd 1916, and that death occurred, on the date stated above, at 11:05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary), Pneumonia (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Thompson M. D.

June 4, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 1 ds. In the State 0 yrs. 0 mos. 1 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, June 4, 191..

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54

C95587

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1315 W. Fayette ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Smith

(Residence in Baltimore: No. 1315 W. Fayette St.; 58 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... July (Month) 31 (Day) 1846 (Year)

7-AGE, 69 yrs. 10 mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at Home .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... House Wife .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas M. Smith

(Address) 1315 W. Fayette St

15- JUN 4 - 1916 HENRY F. ANDREWS
Filed ..... 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 2 1916, that I saw her alive on June 2 1916, and that death occurred, on the date stated above, at 6.15 a m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia .....
..... Anemia .....
..... (Duration) 2 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) ..... Exhaustion .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... C. H. McClintock ..... M. D.
June 4, 1916 (Address) 1405 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, June 5, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95588

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95588

REGISTERED No. C 1879

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 110 Scott St. WARD 18)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ernest Conrades

(Residence in Baltimore: No. 110 Scott St.; 19 yrs. mos. ds.)

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: August 20th (Month) (Day), 1853 (Year)

7 AGE: 62 yrs. 9 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter (House)
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine Conrades

(Address) 110 Scott St

15 Filed JUN 4 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 1st (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 29th, 1916, to, June 1st 1916, that I saw him alive on June 1st, 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Chronic Myocarditis

(Duration) yrs. 6 mos. ds.

(Signed) Mistakin M. D.

June 7th, 1916. (Address) 677 Columbia Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: 6-4-, 1916

20 UNDERTAKER: H. C. Brauning Son

ADDRESS 517 N. Schroeder St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95589 28 C95589

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 712 S. Luzerne Ave ST.; 1st WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Zielenska

(Residence in Baltimore: No. 712 S Luzerne Ave; 26 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: January 6, 1887 (Month) (Day) (Year)

7-AGE: 29 yrs. 4 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Frank Janowiak

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Katie Lewandowski

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Zielenski

(Address) 712 S. Luzerne Ave.

15- Filed JUN 4 - 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to June 2 1916, that I saw her alive on June 2 1916, and that death occurred, on the date stated above, at 2 05 p.m.

The CAUSE OF DEATH* was as follows:

Pulm. Tuberculosis

(Duration) yrs. Unknown ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. Jamiszewski M. D.

June 2, 1916 (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: Jan. 5, 1916.

20-UNDERTAKER: Stephen J Fialkowski ADDRESS 1019 S. Kenwood Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95590 64 C95590

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 204 Cross St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Wilson

(Residence in Baltimore: No. 204 W. Cross St.; 44 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Col.	widow

6-DATE OF BIRTH, Sept (Month) — (Day), 1862 (Year)

7-AGE, 53 yrs. 9 mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Cambridge Md

PARENTS.

10-NAME OF FATHER, Nace Mobry

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co

12-MAIDEN NAME OF MOTHER, Don't Know.

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Wilson

(Address) 204 Cross St.

15- Filed JUN 5 - 1916, 191 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6, 1916, to June 3 1916, that I saw her alive on June 2 1916, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
3 hrs attack June 2

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Basil A. Kraus M. D.

June 3, 1916 (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 6, 1916

20-UNDERTAKER J. L. Brown Son — ADDRESS 158 Monte

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95591

CERTIFICATE OF DEATH

91 C95591

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 527 E Gilting St.: 24 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME — Sarah V. Carroll

(Residence in Baltimore: No. 527 E Gilting St.: 54 yrs. 4 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan (Month) 28 (Day), 1862 (Year)

7 AGE: 54 yrs. 4 mos. 3 ds. If LESS than 1 day, ... hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Ely Thomas.

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles E. Carroll

(Address) 527 E. Gilting

15 JUN 5 - 1916

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 2 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1916 to June 2 1916, that I saw her alive on June 1, 1916, and that death occurred on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Neuritis

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) C Mehlette M. D.

June 2, 1916 (Address) 1279 Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: June 5, 1916

20 UNDERTAKER: H. J. McGlynn — ADDRESS: 1432 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95592

CERTIFICATE OF DEATH.

151 C95592

1-PLACE OF DEATH

REGISTERED No. C

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

095592

095592

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3041 Frederick Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Donnelly

(Residence in Baltimore: No. 3041 Frederick Ave St.; .....yrs., ...mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 2 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. ....mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Edward Donnelly

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Anna Eydelloth

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Edwrad Donnelly

(Address) 3041 Frederick Ave

15. JUN 5 - 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to June 4 1916, that I saw him alive on June 3 1916, and that death occurred, on the date stated above, at 1.20 Pm.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

6/4/16, 191... (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
[illegible] Cemetery	June 7, 1916
20-UNDERTAKER [illegible]	ADDRESS 3041 Frederick Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95593

HEALTH DEPARTMENT—CITY OF BALTIMORE

155

C95593

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE (No. 4 ST.: WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Bordley

(Residence in Baltimore: No. 409 Lemmon St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married.

6-DATE OF BIRTH, Oct (Month) 10 (Day) 1886 (Year)

7-AGE, 30 yrs. 7 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Pittsburgh Pa.

PARENTS.

10-NAME OF FATHER, Jacob Hinton

11-BIRTHPLACE OF FATHER (State or Country). Hancock Md

12-MAIDEN NAME OF MOTHER Mary Duckett

13-BIRTHPLACE OF MOTHER (State or Country), Hancock Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Bordley

(Address) 409 Lemmon St

15- JUN 5 - 1916 191 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 2 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Arsenical Poisoning

(Suicide)

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert L. Driscoll M. D. (Coroner)

June 3, 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place University Hospital in the

of death ....yrs. ....mos. 11 ds. State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 409 Lemmon St.

Former or usual residence 409 Lemmon St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, June 5, 1916

20-UNDERTAKER Wm R A Elliott

ADDRESS 506 East 25

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

095594

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 095594

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 E Lombard St.; 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Meyer

(Residence in Baltimore: No. 1805 E. Lombard St.; Life yrs.. mos.. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Oct 11, (Month) (Day) 1841 (Year)

7-AGE, 74 yrs. 7 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Stone Cutter
(b) General nature of industry, business, or establishment in which employed (or employer). Marble

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Henry Meyer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louisa Pearch

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Meyer

(Address) 615 Montrige Ave

15- Filed JUN 5 - 1916 191.. ROBERT . KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 191.., to June 2 1916, that I saw h[im] alive on June 2 1916, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) One yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) 0 yrs. 10 mos. 6 ds.

(Signed) Otto F. Grunhaus M. D.

June 2 191.6 (Address) 2315 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, June 5..., 1916

20-UNDERTAKER F. Sanders Sons

ADDRESS 1210 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95595 C95595

CERTIFICATE OF DEATH.

150

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy a Pabst

(Residence in Baltimore: No. 2709 Orleans St.; yrs. 2 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March 5, 1916 (Month) (Day) (Year)

7-AGE, — yrs. 2 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Chas E. Pabst

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Sue Cullison

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas E. Pabst

(Address) 2709 Orleans St

15-

Filed JUN 5 - 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-29 191.., to 6/4 191.., that I saw h.. alive on 6/4 191.. and that death occurred, on the date stated above, at 12.45 m.

The CAUSE OF DEATH* was as follows:

Congenital Depression of Skull

Malnutrition

(Duration) 1 mo. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno. C. Peterson M. D.

6/4, 191.. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. 5 ds. In the State — yrs. 2 mos. 30 ds.

Where was disease contracted, if not at place of death? 2709 Orleans St

Former or usual residence 2709 Orleans St

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL. June 5, 191..

20-UNDERTAKER Christian Mielke

ADDRESS 2334 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95596 64 C95596

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 N Fremont St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Stump

(Residence in Baltimore: No. 712 N. Fremont Ave room 4 St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	widow

6-DATE OF BIRTH, Not known, ... (Month) ..... (Day) 1844 (Year)

7-AGE,	If LESS than 1 day,
83 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Henry White

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilson White

(Address) 712 N. Fremont Ave.

JUN 5 - 1916

Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1915, to June 2 1916, that I saw h.r alive on June 2 1916, and that death occurred, on the date stated above, at 8.55 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) J. E. Krauter M. D.

June 4., 191.6. (Address) 1002 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine

DATE OF BURIAL, June 6., 1916.

20-UNDERTAKER Robt S. Little

ADDRESS 531 N. Fremont Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95597

C95597

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1005 Sheraldale ST.; 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lester Coston

(Residence in Baltimore: No. 1005 Sheraldale St.; 1 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balt. Md

PARENTS.

10-NAME OF FATHER, David T. Coston

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mamie Goldsborough

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David T. Coston

(Address) 1005 Sheraldale

15 JUN 5 - 1916 ROBERT . KRAUTER,
Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1916, to June 3 1916, that I saw h[illegible] alive on June 3 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

I Dont Know - Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Rickets

(Duration) 9 yrs. ..... mos. ..... ds.

(Signed) Jno. T. Stifler M. D.

June 5, 191 6 (Address) 2063 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	June 5, 1916
20-UNDERTAKER Daniel Easton	ADDRESS 916 Pa - ave

095598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

095598

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 26 E. Church ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie Thomas c

(Residence in Baltimore: No. 26 E Church St

St.: yrs., 15 mos. ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Don't know, 1 (Month) (Day) (Year)

7-AGE, 44 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country) Don't know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Allen F. Ballard

(Address) 26 E. Church St

15- JUN 5 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Otto H. C. Reinhardt M. D. (Coroner.)

June 3 1916 (Address) 10 17 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, May 5 1916

20-UNDERTAKER M. Dyke & Son — ADDRESS 15 E Lee St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C95599

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95599

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 N. Charles ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Capt. John T. Matthews

(Residence in Baltimore: No. 2514 N. Charles St.; 32 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, March 2, 1847
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
68 yrs. 3 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Marine Captain

9-BIRTHPLACE, (State or Country), Dorchester Co. Md.

PARENTS.

10-NAME OF FATHER, Thomas Matthews

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md.

12-MAIDEN NAME OF MOTHER Charlotte Negate

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. Raymond Matthews

(Address) 2514 N. Charles St.

15- Filed JUN 5 - 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to June 3, 1916, that I saw him alive on June 2, 191, and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Anasarca

(Duration) ... yrs. 1½ mos. ... ds.

(Signed) E. E. Rusk M. D.

June 3, 1916 (Address) 1701 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loraine Cemetery	June 5, 1916
20-UNDERTAKER H. E. Hughes 17	ADDRESS 1 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95600

CERTIFICATE OF DEATH.

92

C95600

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.) (21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Bell

(Residence in Baltimore: No. 1232 N. Eutaw St. St.; 2 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ....., (Day) ....., 1914 (Year)

7-AGE, 2 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Bell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Isabel Kale

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Bell

(Address) 1200 W. Eutaw st

15- Filed JUN 5 - 1916, 191.....

ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) / 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/28 1916, to 6/3 1916, that I saw h.im alive on 6/3 1916, and that death occurred, on the date stated above, at 12.05 p.m.

The CAUSE OF DEATH* was as follows:

.....Empyema.....

..... (Duration) ..... yrs. 1 mos. 31 ds.

CONTRIBUTORY (Secondary) Tobacco Intoxication

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry M. Allen M. D.

6/3, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 31 mos. ..... ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1232 N. Eutaw St.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, June 5, 1916.

20-UNDERTAKER John J. Fields — ADDRESS 1200 W. Lombard st

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95601

CERTIFICATE OF DEATH.

C95601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 191 S. Broadway ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas E. Chasteau

(Residence in Baltimore: No. 131 S. Broadway St.; 5th yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, March (Month) 26 (Day), 1834 (Year)

7-AGE, 82 yrs. 2 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk (Retired)

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Louis Chasteau

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER, Mary McConnell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie A. Chasteau

(Address) 191 S. Broadway

15- Filed JUN 5 - 1916 191 ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to June 4 1916, that I saw him alive on June 4 1916, and that death occurred, on the date stated above, at 4.50 P.M.

The CAUSE OF DEATH* was as follows:

Embolism Heart Lesion

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 2 mos. ds.

(Signed) M. D.

June 4, 1916. (Address) 1 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, June 6, 1916

20-UNDERTAKER Wm. H. Black ADDRESS 927 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C95602

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95602

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Hobb Sundbrock

(Residence in Baltimore: No. 1601 N Broadway St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, January 1, 1882 (Month) (Day) (Year)

7-AGE, 33 yrs. 11 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, John S Hobb

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Mary L Keyser

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15 JUN 5 - 1916 Filed ....., 191.... ROBERT . KNAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4 1916, to June 5 1916, that I saw her alive on June 5 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Chloroform nephritis

Uncertain about (Duration) ...yrs. —mos. —ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage (Duration) ...yrs. mos. 1 ds.

(Signed) Paul H Holbrook M. D.

June 5, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1601 N Broadway

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, June 7., 1916

20-UNDERTAKER Wm C Black ADDRESS 927 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95603 91 C95603

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Gilmor ST.; 19 (WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Nathaniel Butler

(Residence in Baltimore: No. 420 N. Gilmor St.; ..... yrs., 6 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 18, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country). Balto Maryland

PARENTS.

10-NAME OF FATHER, Noah Butler

11-BIRTHPLACE OF FATHER (State or Country), Louisiana

12-MAIDEN NAME OF MOTHER Laura Rhodes

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Noah Butler

(Address) 420 N. Gilmor St.

JUN 5 - 1916 Filed ....., 191.... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 22, 1916 to June 3, 1916, that I saw him alive on June 3, 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Convulsions Associated Protracted Bronchio-pneumonia

..... (Duration) ..... yrs. 1/2 mos. ..... ds.

CONTRIBUTORY (Secondary) Exposure to Cold & Damp (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) W. F. Montague M. D.

June 4, 1916 (Address) 303 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, June 6 1916

20-UNDERTAKER Wilkes & Spence — ADDRESS 306 N. Howard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

C95604

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C95604

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 531 N. Pulaski ST. 20 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Hooper

(Residence in Baltimore: No. 531 N. Pulaski St. St.: — yrs. 2 mos. — ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov. (Month) 20 (Day), 1887 (Year)

7-AGE: 28 yrs. 6 mos. 12 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer in Tin factory
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): St Marys Co. Md.

PARENTS

10-NAME OF FATHER: William Hooper

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Ella. Jones

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Liston P. Jones

(Address) 531 N. Pulaski St

15 JUN 5 - 1916 1917

ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1916, to June 2 1916, that I saw him alive on June 2d, 1916, and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

Indefinite ?
(Duration) 2 yrs. ? mos. ds

Contributory (SECONDARY) Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) Benjamin Nadler M. D.

6-2, 1916. (Address) 252 N. Payson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St. Marys Co. Md. DATE OF BURIAL: June 6, 1916

20-UNDERTAKER: Robt. T. Turner ADDRESS: 1442 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95605 — 151 — C95605

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Reynolds

(Residence in Baltimore: No. 1148 Low St St.; ..... yrs., ... mos. 5 11/12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	negro	Single

6-DATE OF BIRTH, June (Month) 2 (Day), 1916 (Year)

7-AGE, 5 11/12 mos. ..... yrs. ..... ds.

If LESS than 1 day, 5 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Andrew Reynolds

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Bessie Bell

13-BIRTHPLACE OF MOTHER (State or Country), Washington DC

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-JUN 5 - 1916 Filed ....., 191.... ROBERT J. KRAUTER, Registrar Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to June 2 1916, that I saw her alive on June 2 1916, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

..... Premature Birth .....

..... (Duration) ..... yrs. ..... mos. 5 h. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Smith M. D.

6/7, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 11/12 ds. In the State ..... yrs. ..... mos. 5 11/12 ds.

Where was disease contracted, if not at place of death? Mercy Hosp

Former or usual residence 1148 Low St

19-PLACE OF BURIAL OR REMOVAL, ... DATE OF BURIAL, ..., 191...

20-UNDERTAKER ..... ADDRESS .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

Commissioner Health.

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95606 129 C95606

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Robbins

(Residence in Baltimore: No. 862 Pierce St. St.; 23 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negress

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1866 (Year)

7-AGE, 50 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House work.
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ephriam McCreary

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ruth Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Robbins

(Address) 862 Pierce St.

15-JUN 5 - 1916 ROBERT . KRAUTER,
Filed....., 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 / 4 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/4 1916, to 6/4 1916, that I saw h-e alive on 6/4 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) .....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary) Tuberculoma of Uterus unknown

(Duration) .....yrs.....mos.....ds.

(Signed) Harry M. Stein M. D.

6/4, 191.6. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 ds. In the State.....yrs. life mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 862 Pierce St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 6/7, 191.6

20-UNDERTAKER Samuel McCreary — ADDRESS 578 N. Eutaw

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95607 C95607

CERTIFICATE OF DEATH.

REGISTERED NO. C 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 848 Mangold St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E Bailey

(Residence in Baltimore: No. 848 Mangold St St.; 1 yrs., 10 mos. 30 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 5 (Day) May / 914 (Year)

7-AGE 1 yrs. 10 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Cecil Bailey

11-BIRTHPLACE OF FATHER (State or Country), Tyrone Pa

12-MAIDEN NAME OF MOTHER Annie C Palmer

13-BIRTHPLACE OF MOTHER (State or Country), Harrisburg Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecil Bailey

(Address) 848 Mangold St

15- JUN 5 - 1916 Filed ....., 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day), 191.6 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1916, to June 4 1916, that I saw h im alive on June 3 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Meningitis Acute

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Diphtheria

(Duration) ....yrs. ....mos. 10 ds.

(Signed) [signature] M. D.

6/4/16., 191... (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, June 5th, 1916.

20-UNDERTAKER James Pignone & Sons.

ADDRESS 1000 E. Pasa St.

2 P. m.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of cause important. See instructions on back of certificate.

C95608

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

C95608

REGISTERED NO. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1503 E North Ave St.: 8 WARD)

2 FULL NAME Mary Virginia Fitzgerald

Residence in Baltimore: No. Lifetime at 1503 E. North Ave St.: yrs. 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: Feb 5, 1915 (Month) (Day) (Year)

7 AGE: 1 year 4 mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Dr. A. J. Fitzgerald

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Virginia Marion

13 BIRTHPLACE OF MOTHER (State or country): Lynchburg. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr A. J. Fitzgerald
(Address) 1503 E. North Ave

15 Filed JUN 5 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 3rd, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4th, 1916, to, June 3rd 1916, that I saw h Ex alive on June 3rd, 1916, and that death occurred, on the date stated above, at 8 30 p. m.
The CAUSE OF DEATH* was as follows:

Congenital heart disease
(Pulmonic stenosis & deficient septum)
(Duration) 1 yrs. 6 mos. — ds

Contributory (SECONDARY) Convulsions
(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), C H Mitchell M. D.
June 4th 1916. (Address) 9 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery. DATE OF BURIAL: June 5th 1916

20 UNDERTAKER: George J. Ruth ADDRESS: 1130 Harford Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95609

CERTIFICATE OF DEATH.

120

C95609

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Whatcoat ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED NO. C

2-FULL NAME Ellen Elizabeth Beads

(Residence in Baltimore: No. 1201 Whatcoat St.; 47 yrs. — mos. — ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1869
(Month) (Day) (Year)

7-AGE. 47 yrs. mos. ds.

If LESS than 1 day. hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jess Beads

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Ellen Collins

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur G. Beads

(Address) 1201 Whatcoat St.

15- Filed JUN 5 - 1916 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1916 to May 28 1916 that I saw her alive on May 28 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Interstitial
(b) Nephritis
(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) John D. Lucas M. D.
June 4, 1916. (Address) 1507 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 6, 1916

20-UNDERTAKER James H Dennis — ADDRESS 1303 Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question is important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 - 28

C95610

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Prestman ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mary Patterson

(Residence in Baltimore: No. 1622 Prestman St.: 13 yrs.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, June 2 (Month) (Day), 1903 (Year)

7-AGE, 13 yrs. mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, John Patterson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Carter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Patterson

(Address) 1622 Prestman

15 JUN 5 - 1916 Filed ..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7 1916, to May 26 1916, that I saw h[illegible] alive on May 26 1916, and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D [illegible] M. D.

June 2 1916 (Address) 1507 W. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 5, 1916

20-UNDERTAKER James H Dunn

ADDRESS 1303 Prestman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95611 C95611

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Brown

(Residence in Baltimore: No. 2806 E. Jefferson St.; 62 yrs., 3 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb 8 (Month) (Day), 1854 (Year)

7-AGE, 62 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Richard C Watts

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER, Ellen Dunn

13-BIRTHPLACE OF MOTHER (State or Country) Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Brown

(Address) 2806 E. Jefferson St.

15- Filed JUN 5 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31, 1916, to June 3 1916, that I saw her alive on June 1, 1916, and that death occurred, on the date stated above, at 11.10 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis Cavity
respiratory failure

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage Caused by Traumatism

(Duration) ....yrs. ....mos. 1 ds.

(Signed) E. E. Rook, M. D.

June 3, 1916 (Address) 2806 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet DATE OF BURIAL, June 6, 1916

20-UNDERTAKER J. Weber, Son ADDRESS 2503 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every statement important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95612 C95612

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 137 W Wheeler Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out (No. 18.)

2-FULL NAME Elizabeth Agnes Monaghan

(Residence in Baltimore: No. 137 W Wheeler Ave St.; ..... yrs., 1/2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Infant

6-DATE OF BIRTH: May (Month) 24th (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Thos J Monaghan

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Catherine T. McGrath

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J H Rathbone M.D.

(Address) 117 N Carrollton Ave

15 JUN 5 - 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 4th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 24th 1916, to June 4th 1916, that I saw h[illegible] alive on June 4th 1916, and that death occurred, on the date stated above, at 4 05 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J H Rathbone M. D.

6/4/, 1916 (Address) 117 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: June 5, 1916

20-UNDERTAKER: W E Brumbaugh — ADDRESS 3 W. N. Eutaw St

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

C95613 C95613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 22 WARD)

2 FULL NAME Mary Hann

(Residence in Baltimore: No. 138 W. York St.: 5 yrs., 9 mos. 27 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 7, 1911 (Month) (Day) (Year)

7-AGE, 5 yrs. 9 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Charles Hann

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Dolly Dixon

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dolly Hann

(Address) 138 W. York

15- JUN 5 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns of body accidental (self)

5 Days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

Playing with matches

(Duration) yrs. mos. ds.

(Signed) Wm. T. Ruby (Coroner.) M. D.

June 4, 1916 (Address) 163 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 25 ds. In the State 5 yrs. 9 mos. 27 ds.

Where was disease contracted, if not at place of death? 138 W. York St

Former or usual residence 138 W York St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, June 6 1916

20-UNDERTAKER M. Doyle & Son ADDRESS 15 E. Lee St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95614 C95614

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2715 Greenmount Ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa M. Burke

(Residence in Baltimore: No. 2715 Greenmount Ave St.: 67 yrs. 7 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Feb. (Month) 6 (Day), 1849 (Year)

7-AGE, 67 yrs. 3 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo. Kollrab

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dorath. I—

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry G. Burke

(Address) 2715 Greenmount Ave

15- Filed JUN 5 - 1916 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1916, to June 3 1916, that I saw h[illegible] alive on June 3 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

.....

Cerebral hemorrhage

.....

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John W. Donaldson M. D.

June 4, 1916. (Address) 1714 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, ..., 191...

20-UNDERTAKER Wm. Cook

ADDRESS 902 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95615 C95615

CERTIFICATE OF DEATH.

#1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. W.P. Gen'l Hosp St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Woods.

(Residence in Baltimore: No. 703 W Fayette St.; yrs., mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov (Month) 9 (Day), 1863 (Year)

7-AGE, 52 yrs. 5 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tranking
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

9-BIRTHPLACE, (State or Country), Dont Know

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country): Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mamie Parry

(Address) 703 W. Fayette Stret

15- Filed JUN 5 1916 191 ALBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1916, to June 1 1916, that I saw h[illegible] alive on May 31 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Due to Senility

Operation ?

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

June 1, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 29 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 703 Fayette St

19-PLACE OF BURIAL OR REMOVAL, Loraine Cemetery

DATE OF BURIAL, 6/12, 1916

20-UNDERTAKER William Cook

ADDRESS 507 E Natl

Cor

IMPORTANT—Fill in plainly and carefully. Every question important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95616 HEALTH DEPARTMENT—CITY OF BALTIMORE C95616

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 772 Sarah ann ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Sneeds

(Residence in Baltimore: No. 772 Sarah ann St.; 16 yrs., ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Unknown ....., 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kattie Griffin

(Address) 2310 Hunter St

15- Filed JUN 5 - 1916, 191.....

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3d, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1916, to June 3 191..., that I saw h.r alive on June 2 191..., and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

.....

Senility

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) E Exhaustion

..... (Duration) ....yrs. 1 mos. ....ds.

(Signed) J. T. Hughes M. D.

June 6 1916 (Address) 1413 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 6, 1916.

20-UNDERTAKER John H Owens — ADDRESS 1222 Dunn Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95617

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C95617

1 PLACE OF DEATH — REGISTERED No. C.....

CITY of BALTIMORE (No 574 Orchard St ST. 17 WARD)

2 FULL NAME William E. Hawkins

(Residence in Baltimore: No. 524 Orchard St. St.: yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widower

6 DATE OF BIRTH: January 17 (Month) (Day), 1867 (Year)

7 AGE: 52 yrs. 4 mos. 17 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods Store

9 BIRTHPLACE (State or country): Balto Maryland.

PARENTS

10 NAME OF FATHER: Henry C. Hawkins

11 BIRTHPLACE OF FATHER (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Mary A. Rigg

13 BIRTHPLACE OF MOTHER (State or country): Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John C. Hawkins

(Address) 524 Orchard St

15. Filed JUN 5 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 3rd (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 6th, 1915. to June 2nd. 1916. that I saw him alive on June 2nd, 1916. and that death occurred, on the date stated above, at 10.50 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular
Nephritis.
Not less than (Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Mitral insufficiency
(Duration) ? yrs. mos. ds

(Signed) Edwin C. Price M. D.

June 5th, 1916 (Address) 1013 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Lawn — DATE OF BURIAL: June 5, 1916

UNDERTAKER: Samuel T. Hamby — ADDRESS: 578 W Biddle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95618

CERTIFICATE OF DEATH.

C95618

REGISTERED NO. C 76

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 610 Scott St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME George D Creamer

(Residence in Baltimore: No. 610 Scott St St. ——yrs., 8 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Sept (Month) 15 (Day), 1915 (Year)

7-AGE, yrs. 8 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Henry Creamer

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Avlyn Gerbig

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Creamer

(Address) 610 Scott St

15-JUN 5 - 1916 Filed....., 191.....

ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 24 1916, to June 3 1916, that I saw h~~im~~ alive on June 2 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Otitis

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.

6/3/16, 191... (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. • mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem. DATE OF BURIAL, JUN 5 - 1916

20-UNDERTAKER Geo. A. Gerbig ADDRESS Baltimore St

important. See instructions on back of certificate.

Spec.—8-24-[illegible]—M. & T.—2000 Bks.

C95619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95619

REGISTERED NO. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 N. Dallas St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Waters

(Residence in Baltimore: No. 306 N. Dallas St.; 0 yrs., 0 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 30 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 7 ds.

If LESS than 1 day, 0 hrs. or ____ min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland. Balto

PARENTS.

10-NAME OF FATHER, Howard Waters

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Collins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott S. Tucker, MD

(Address) Johns Hopkins Hosp.

15-

Filed JUN 5 - 1916 191... ROBERT KRAUTER Registrar.

Burial Permit Issued

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1916, to June 5 1916, that I saw her alive on June 3 1916, and that death occurred, on the date stated above, at 5 A.m.

The CAUSE OF DEATH* was as follows:

Syphilis

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) none

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

June 5, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, June 6, 1916

20-UNDERTAKER John W Henderson

ADDRESS 319 Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

C95620

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95620

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 E Bethel ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annabel Batten

(Residence in Baltimore: No. 211 E Bethel St.; ....yrs., ...mos. 7/12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Single

6-DATE OF BIRTH. April (Month) 4 (Day), 1914 (Year)

7-AGE. 2 yrs. 2 mos. ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John Batten

11-BIRTHPLACE OF FATHER (State or Country). North Carolina

12-MAIDEN NAME OF MOTHER Louisa Camphor

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Batten

(Address) 211 E Bethel St.

15-JUN 5 - 1916 ROBERT . KRAUTER Burial Permit Clerk.

Filed....., 191.... Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1916, to June 5- 1916, that I saw h.. alive on June 3 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) E B Hutton M. D.

June 4, 1916. (Address) 1711 E 15 ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	June 7., 1916
20-UNDERTAKER	ADDRESS
John W Henderson	313 Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C95621

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Maryland Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth S. Luster

(Residence in Baltimore: No. 2503 Maryland Ave St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, July (Month) 8 (Day), 1841 (Year)

7-AGE, 74 yrs. 10 mos. 28 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John D. Houston

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Martha Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. L. Cottingham

(Address) 2503 Maryland Ave

15- JUN 5 - 1916 Filed ..., 191... ROBERT . KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 18th 1916, to June 5th 1916, that I saw h er alive on June 2nd 1916, and that death occurred, on the date stated above, at 6.40 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma
Lead general Marks
did Sudden

(Duration) ... yrs. 4 mos. 6 ds.

CONTRIBUTORY (Secondary) Incontinuity of age

(Duration) ... yrs. 4 mos. ... ds.

(Signed) ... M. D.

June 7, 1916 (Address) 2212 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pine Castle Va.

DATE OF BURIAL, June 6, 1916

20-UNDERTAKER Wm. T. Hartley

ADDRESS 2012 E. Madison St

important. See instructions on back of certificate.

Ora a. Tatet

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

Ora a. Sartet

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+74

C95622 C95622

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ora Anna Sartet

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ..... yrs., ... mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 7, 1894
(Month) (Day) (Year)

7-AGE, 21 yrs. 6 mos. 29 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Indiana

PARENTS.

10-NAME OF FATHER, Leon Sartet

11-BIRTHPLACE OF FATHER (State or Country), Belgium

12-MAIDEN NAME OF MOTHER Adolphine Wery

13-BIRTHPLACE OF MOTHER (State or Country), Belgium

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- JUN 5 - 1916 Filed ..... 191.. ROBERT . KRAUTER, Registrar. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1916, to June 5 1916, that I saw her alive on June 5 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Thrombosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harvey W. Thrasher M. D.

June 5, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Salem W. Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Salem W Va.	June 5, 1916
20-UNDERTAKER	ADDRESS
Frank A. Finch	916 N. Gay St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95623 28 C95623

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1312 Sargeant ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie C. Fields

(Residence in Baltimore: No. 1312 Sargeant St.; 77 yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 28 (Day), 1884 (Year)

7-AGE, 32 yrs. 7 mos. 7 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Butoff

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Margaret Rettenberg.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arden A. Fields

(Address) 1312 Sargeant St

15- ROBERT . KRAUTH JUN 5 - 1916

Burial Permit Clerk 191.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1916, to June 3 1916, that I saw h[illegible] alive on June 3 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Pethisis Pulmonalis

(Duration) yrs. 6 mos. 21 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. mon. ds.

(Signed) Joseph E. Jones M. D.

June, 191 6 (Address) 1520 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet — DATE OF BURIAL, June 7, 191 6

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 Walt St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 64 C95624

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B Whiteside

(Residence in Baltimore: No. 31 Talbott Road St.; 67 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, November 25th, 1848
(Month) (Day) (Year)

7-AGE, 67 yrs. 6 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steamfitter
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, John Whiteside

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Eliza McLeod

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. J. Whiteside

(Address) 31 Talbott Rd Baltimore Md.

15- ROBERT J. KRAUTHOFF

Burial Permit Clerk.

JUN 5 - 1916

Filed....., 191.....

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1916, to June 4 1916, that I saw h[illegible] alive on June 4 1916, and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 6 yrs. 2 mos. ds.

(Signed) Edward J Smith M. D.

June 4, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 dy. In the ~~State~~ 4 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Winchester Va

Former or usual residence Winchester Va

19-PLACE OF BURIAL OR REMOVAL, Loraine Cem DATE OF BURIAL, June 6, 1916

20-UNDERTAKER Joseph B Cox ADDRESS 1003 N. Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C95625 C95625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2532 Mc H Henry ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emielie Henrietta Bagner

(Residence in Baltimore: No. 2532 Mc H Henry St St.; 40 yrs., 0 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH August 18, 1849
(Month) (Day) (Year)

7-AGE, 66 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wilhelm Ritter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Schubert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman A Bugner

(Address) 2532 Mc Henry

15- JUN 5 - 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1916, to June 3 1916, that I saw h.. alive on June 3 1916, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows: Diabetes Mellitus

about 8
(Duration) ...8... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H A Bugner M. D.

June 5..., 191.6. (Address) 1705 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem'y	June 6th 191.6

20-UNDERTAKER Chas. H. Hall & Fred'k Ave ADDRESS 3159

Spec.—8-24-14—M. & T.—2000 Bks.

Esther Bowe

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95626

CERTIFICATE OF DEATH.

5 17 2

C95626

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 N. Eastern ST.; 5th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Bowe

(Residence in Baltimore: No. 509 N. Eastern ave St.; ..... yrs., 8 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Sept. 30, 1915.
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Henry Bowe

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Rosa Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Bowe

(Address) 509 N. Central ave

15-

Filed JUN. 5 - 1916. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3d, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to June 3d 1916, that I saw h[illegible] alive on June 3d 1916, and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Accidental fall from Baby Carriage)

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Fall

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) W. Irving M. D.

June 5, 1916. (Address) 1220 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Orange Va. DATE OF BURIAL, June 5, 1916.

20-UNDERTAKER Jas J. G. Locks ADDRESS 1302 Eutaw

important. See instructions on back of certificate.

Marcino Potpoli

Marcino Poppoli

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95627 C95627

CERTIFICATE OF DEATH.

x182

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8 John Hopkins St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marcino Poppoli

(Residence in Baltimore: No. Johns Hopkins Hospital St.; 7 yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, Sept 25, 1910
(Month) (Day) (Year)

7-AGE, 5 yrs. 8 mos. 7 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy.

PARENTS.

10-NAME OF FATHER John Poppoli

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Philekalus Gionella

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... John P Poppoli

(Address)... 3707 Gough

15-JUN 5 - 1916

Filed....., 191.... EDDY C. ADAMS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide:
Gun Shot wound
(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)
(Duration)..... yrs..... mos..... ds.

(Signed) J. J. Smiley M. D.
(Coroner.)

....., 191... (Address) 2930 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 4 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? 3707 Gough St

Former or usual residence 3707 Gough St

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem

DATE OF BURIAL, June 6 1916.

20-UNDERTAKER J Herwig & Co

ADDRESS 2008 Aliceanna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95628 119 C95628

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Hebrew Hosp ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Reynard McKay

(Residence in Baltimore: No. Hebrew Hosp St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 2, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 3 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, James H. McKay

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER LaRue Reynard

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H McKay

(Address) 3044 Dillon St.

15- Filed JUN 6 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to June 5, 1916, that I saw h[illegible] alive on June 5 1916, and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY. (Secondary) Nephritis Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Herbert Krantz M. D.

June 6, 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. 3 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 3044 Dillon St

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, June 6, 1916.

20-UNDERTAKER Wm. E. Black ADDRESS 922 N. Broadway

important. See instructions on back of certificate.

C95629

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95629

CERTIFICATE OF DEATH.

REGISTERED No. C 456

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Butler

(Residence in Baltimore: No. 612 E. Lombard St. Temporary St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M.

4-COLOR OR RACE, W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) W

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 33 about yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. T. Riley

(Address) 1639 E. Broadway

15- Filed JUN 6 1916 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism (Alcoholism)

Few days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema Pneumonia

(Duration) yrs. mos. ds.

(Signed) H. T. Riley M. D. (Coroner.)

June 1916. (Address) 1639 E. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. Few days ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 612 E. Lombard St

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, June 6. 1916

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95630 50 C95630

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Appleton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Senia Pye

(Residence in Baltimore: No. 1113 Appleton St.; ..... yrs., 13 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. July (Month) 20 (Day), 1855 (Year)

7-AGE. 60 yrs. 10 mos. 14 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), York Penna

PARENTS.

10-NAME OF FATHER, Levi Hollinger

11-BIRTHPLACE OF FATHER (State or Country), York Penna.

12-MAIDEN NAME OF MOTHER Mariah Buppe

13-BIRTHPLACE OF MOTHER (State or Country), York Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Pryor

(Address) 1113 Appleton

15- JUN 6 - 1916 Filed ....., 191.... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 4 1916, to June 4 1916, that I saw her alive on June 4 1916, and that death occurred, on the date stated above, at 10:20 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Anasarca

(Duration) Intercurrent yrs. ..... mos. ..... ds.

(Signed) Chas C. Conner M. D.

6/5, 191.6 (Address) 1101 N. Fulton Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Harrisburg Penna | DATE OF BURIAL, June 7, 1916

20-UNDERTAKER William Cook | ADDRESS 502 E. North

Important. See instructions on back of certificate.

Dr Conner Rupp + Fulton Av

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95631 C95631

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 n. Broadway ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Eisinberg

(Residence in Baltimore: No 303 n Broadway St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1881 (Year)

7-AGE, 48 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Cigar Factory

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Joseph H. Eisinberg

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Horvitz, Leah

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam. Eisinberg

(Address) 2028 Walbrook Ave

15- JUN 6 - 1916 ROBERT F. KRAUTER, Burial Permit Clerk.

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to June 5 1916, that I saw h[illegible] alive on June 5 1916, and that death occurred, on the date stated above, at 4 Pm.

The CAUSE OF DEATH* was as follows:

Rupture Varices of Gullet

(Diagnosis from Autopsy)

Cirrhosis of the Liver (Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) yrs. mos. 2 ds.

(Signed) Geo. Dunton Gilmore M. D.

6/8/16, 191... (Address) 1421 N. Gilmore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Delaware Washington Rd. DATE OF BURIAL, June 6, 1916.

20-UNDERTAKER L. Levinson & Bro ADDRESS 107 E Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT---CITY OF BALTIMORE

C95632 C95632

CERTIFICATE OF DEATH

120

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 W 35th. St. St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Williams

(Residence in Baltimore: No. 839 W. 35th. St. St.; 48 yrs. mos. ds.)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of occurrence TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Dec. (Month) 24 (Day), 1853 (Year)

7-AGE: 62 yrs. 5 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: James H. Rice

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Sarah Lamkin

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Miss Dotie Williams

(Address): 839 W. 35th. St.

15- Filed JUN 6 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25, 1916, to, June 3 1916, that I saw h.. alive on June 3 1916, and that death occurred, on the date stated above, at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Interstatial Nefritis

Indefinite (Duration) ... yrs ... mos. ... ds.

Contributory (SECONDARY) Fatty Heart

Indefinite (Duration) ... yrs ... mos. ... ds.

(Signed), Hall Dedmeluse M. D.

June 6, 1916 [Address] 3843 Park Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: June 6th., 1916

20-UNDERTAKER: A.S.Marshall

ADDRESS: 3539 Falls Road

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95633 120 C95633

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95633 X120 C95633

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia B. Holley

(Residence if in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH, May 9, 1883 (Month) (Day) (Year)

7-AGE, 33 yrs. 0 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): -

9-BIRTHPLACE, (State or Country), S. C.

PARENTS.

10-NAME OF FATHER, Emmett W. Holley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Julia Tolar

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Tolar Holley

(Address) 210 Elsinore Ave

15-JUN 6 - 1916 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to June 6 1916, that I saw her alive on June 6 1916, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ... yrs. ... mos. 4 ds.

(Signed) Edward C. Smith M. D.

June 6, 191.6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. 4 ds.

Where was disease contracted, if not at place of death? Fayetteville N.C.

Former or usual residence Fayetteville N.C.

19-PLACE OF BURIAL OR REMOVAL, Fayetteville North Carolina

DATE OF BURIAL, June 7, 191.6

20-UNDERTAKER Maury W. Mass & Son

ADDRESS 805 N. Eutaw St

Via Atlantic Coast Line - W. Tola Holley - Escort

important. See instructions on back of certificate.

C95634

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

84 C95634

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 400 N. Gilmore ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert L. Gunn

(Residence in Baltimore: No. 400 N Gilmor St.: yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 4, 1915 (Month) (Day) (Year)

7-AGE: 6-1 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Herbert Gunn

11-BIRTHPLACE OF FATHER (State or country): N C.

12-MAIDEN NAME OF MOTHER: Dwight Gore

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daisy Gunn

(Address) 400 N Gilmor St

15-Filed JUN 6 - 1916 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1916, to June 5 1916, that I saw h— alive on June 4, 1916, and that death occurred, on the date stated above, at 4 A, m.

The CAUSE OF DEATH* was as follows:

Bronchitis acute

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY) Heart Trouble

(Duration) yrs. mos. 7 ds.

(Signed) C. B. Hinkle M. D.

June 5, 1916 (Address) 714 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: 6/6 1916

20-UNDERTAKER: Chas H Hawley

ADDRESS: 578 N Bdle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

James Baker.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

E95635 E95635

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 3304 Gracean ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME James Baker

(Residence if Baltimore: No. 3304 Gracean St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: June 22, 1831 (Month) (Day) (Year)

7-AGE: 85 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired Farmer

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: James Baker

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Eliza Randall

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Baker

(Address) 3304 Gracean

15. JUN 6 - 1916 Filed 191

ROBERT . KRAUTH, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

(Signed) J. Mitchell M. D. (Coroner)

June, 1916. (Address) 519 N Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Sarah's Chapel Baltimore Co

DATE OF BURIAL: June 7, 1916

20-UNDERTAKER: Horace Burgee & Son

ADDRESS: 363 Falls Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95636

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95636

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Jefferson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Elizabeth Bauer

Residence in Baltimore: No. 2026 Jefferson St.; 63 yrs., 3 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb. (Month) 10 (Day), 1853 (Year)

7-AGE, 63 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Lauterbach

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Charles Bauer

(Address) 2026 Jefferson

15- Filed JUN 6 - 1916, 19.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1915, to June 3 1916, that I saw her alive on June 2 1916, and that death occurred, on the date stated above, at 12.05 p.m.

The CAUSE OF DEATH* was as follows:

Intra Paralysis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) Frank Schnorr M. D.

June 4, 1916.. (Address) 1500 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, June 7, 1916

20-UNDERTAKER Jos. J. Iden 1914 ADDRESS E. Fayette

important. See instructions on back of certificate.

C95637

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95637

1 PLACE OF DEATH — Registered No. C 79

City of Baltimore (No. 1628 Aisquith St St. 9 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Beatrice Giblin

(Residence in Baltimore: No. 1628 Aisquith St St.: yrs 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April 18, 1889 (Month) (Day) (Year)

7 AGE: 27 yrs. 2 mos. 17 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore city

PARENTS

10 NAME OF FATHER: Chas B Bubkheiser

11 BIRTHPLACE OF FATHER (State or country): Baltimore City

12 MAIDEN NAME OF MOTHER: Jane T Cullen

13 BIRTHPLACE OF MOTHER (State or country): Liverpool England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John B. Giblin

(Address) 1628 Aisquith St.

15 Filed JUN 6 - 1916

ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 5, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1916 to June 5 1916, that I saw her alive on June 5, 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 6 yrs. mos. ds

Contributory (SECONDARY) Acute Bronchitis

(Duration) yrs. 4 mos. ds.

(Signed) H C Hess MD M. D.

6-5-, 1916 (Address) Govans Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: June 8, 1916

20 UNDERTAKER: Ed. J. Fanning — ADDRESS: Wash. & Lafayette

N. B.-Every item of information should be carefully supplied. Any omission or error may delay burial. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

095638

HEALTH DEPARTMENT—CITY OF BALTIMORE

095638

CERTIFICATE OF DEATH.

REGISTERED No. C 173

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8) Forrest & Lexington ST.: 5 WARD)

2-USUAL NAME Vincent Trapani

(Residence in Baltimore: No. 1103 Thompson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. 9/12 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 2, 1903
(Month) (Day) (Year)

7-AGE, 13 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jose Trapani

11-BIRTHPLACE OF FATHER (State or Country) Italy

12-MAIDEN NAME OF MOTHER Anna Cirill

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Trapani

(Address) 1115 Thompson

15-

FILED JUN 6 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. of Skull and internal injuries caused by Street Car Accident

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. Ruley M. D.
(Coroner)

June 6 1916 (Address) 163 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem

DATE OF BURIAL, June 7. 1916

20-UNDERTAKER Mc Gaines + Carroll

ADDRESS 618 N. Potomac

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95639 103 C95639

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 E. Baltimore ST.; 6th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Hoffman

(Residence in Baltimore: No. 3008 E. Balto. St.; 13 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Jan. (Month) 6th (Day), 1830 (Year)

7-AGE, 86 yrs. 4 mos. 28 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Adams

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sarah Hinder

13-BIRTHPLACE OF MOTHER (State or Country), German

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Jos. G. Hoffman

(Address)..... 3008 E. Baltimore St.

15- ROBERT . KRAUTH
Burial Permit Clerk.
Filed JUN 6 1916 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to June 3 1916, that I saw h[illegible] alive on [illegible] 3 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Old age

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

June 5, 1916. (Address) 2600 E. Balto. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lutherstown, Ind

DATE OF BURIAL, June 7..., 1916.

20-UNDERTAKER John A Inman

ADDRESS 3000 E. Balto St.

Dr. Hearn

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95640 28 C95640

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 E. Chase ST.; 8 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Pfarr

(Residence in Baltimore: No. 2419 E. Chase St.; 23 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Nov. 1 (Month) Steven (Day) 1892 (Year)

7-AGE,	If LESS than 1 day,
23 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Press feeder
(b) General nature of industry, business, or establishment in which employed (or employer)..... Printing Office

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph J Pfarr

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Charlotte

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Joseph J Pfarr

(Address)..... 2419 E Chase St

15- JUN 6 - 1916 ROBERT . KRAUTER

Filed....., 191..... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 4 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916, to June 4 1916, that I saw him alive on June 3 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about (Duration).....yrs.....mos.....ds.

CONTRIBUTORY..... (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) B P Herzog MD M. D.

June 6, 1916 (Address) 1306 N Patterson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem	June 7, 1916
20-UNDERTAKER	ADDRESS
Frank Crack & Son	1904 Eutaw Pl

1

Spec.—8-24-14—M. & T.—2000 Bks.

C95641

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C95641

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Springdale ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura F. Mulhern

(Residence in Baltimore: No. 2902 Springdale St.; ..... yrs., ... mos. 4e ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... May (Month) 14 (Day), 1852 (Year)

7-AGE, 62 yrs. 1 mos. 19 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at Home

9-BIRTHPLACE, (State or Country), City Balto.

PARENTS.

10-NAME OF FATHER, John R Gould.

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Adele L'Chelly

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ross Gould -

(Address) 2902 Springdale Ave

15- JUN 6 - 1916 Filed ....., 191.... R. J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1916, to June 3 1916, that I saw h[er] alive on June 3 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Collapse

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 29 ds.

(Signed) Carlton L. Lankford M. D.

June 4, 1916 (Address) 2806 Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cem	June 6, 1916
20-UNDERTAKER H. J. McDermott	ADDRESS Pennsylvania

important. See instructions on back of certificate.

095642

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

095642

Registered No. C .....

1 PLACE OF DEATH

City of Baltimore (No. 2205 Orem Ave St.: 13th Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret Kay Burnett

(Residence in Baltimore: No. 2205 Orem Ave St.: 71 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH May 15, 1826 (Month) (Day) (Year)

7 AGE 90 yrs. ~~20~~ 30 mos. ~~30~~ ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Scotland

PARENTS

10 NAME OF FATHER Alexander Kay

11 BIRTHPLACE OF FATHER (State or country) Scotland

12 MAIDEN NAME OF MOTHER Christine Harper

13 BIRTHPLACE OF MOTHER (State or country) Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Josephine Burnett

(Address) 2205 Orem Ave.

15 Filed JUN 6 - 1916 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 4th, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1916, to June 4 1916, that I saw h[illegible] alive on June 3, 1916, and that death occurred, on the date stated above, at 6a m.
The CAUSE OF DEATH* was as follows:

Influenza Duration 3 days Old Age

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Old Age

(Duration) yrs. mos. ds.

(Signed) Wm. Hunt M. D.

June 4, 1916 (Address) 1525 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL June 6, 1916

UNDERTAKER H. E. Peterson & Son — ADDRESS Howard & Pratt

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. State CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95643

CERTIFICATE OF DEATH.

151 C95643

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 222 Jasper ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Chapman

Residence in Baltimore: No. 222 Jasper St.; yrs., mos. 1 hr ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	black	single

6-DATE OF BIRTH, June (Month) 5 (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 1 hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Chapman.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Teresa Colbert.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-
Filed JUN 6 - 1916 191 ROBERT KRAUTER,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916, to June 5 1916, that I saw h im alive on June 5 1916, and that death occurred, on the date stated above, at 8.45 a m.

The CAUSE OF DEATH* was as follows: Premature birth

(Duration) ....yrs....mos....ds. 1 hr

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Edward H. Kuntz M. D.

June 5, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
JUN 5 - 1916
Commissioner Health.
Asst. Wm. F. WOODALL
FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95644

CERTIFICATE OF DEATH.

40

C95644.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Argyle ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Hamrd

(Residence in Baltimore: No. 1413 Argyle av St.; 57 yrs., 4 mos. 17 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, Feby 16, 1864 (Month) (Day) (Year)

7-AGE, 50 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Manual labor

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Major Hamrd

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Hamrd (wife)

(Address) 1413 Argyle av, Balto.

15- ROBERT . KRAUTER, Filed JUN 6 - 1916 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3rd, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1916, to June 3rd 1916, that I saw h~~im~~ alive on June 3rd 1916, and that death occurred, on the date stated above, at 5. a m.

The CAUSE OF DEATH* was as follows:

Cancer of the Stomach and Liver

(Clinical Diagnosis)

Unknown (Duration)....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Hemorrhage from Stomach

~~Exhaustion~~ (Duration).....yrs.....mos. 2 ds.

(Signed) Silas Baldwin M. D.

June 5, 1916. (Address) 700 W. Lex. av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ct

DATE OF BURIAL, June 7th, 1916.

20-UNDERTAKER L. N. Brown & Son

ADDRESS 1087 W Monty st

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95645 150 C95645

REGISTERED No. C .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2905 Bernard St. 17 Ward)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret E. Smith

Residence in Baltimore: No. 2905 Bernard St.; yrs. ..... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH May 30, 1916 (Month) (Day) (Year)

7 AGE ..... yrs. ..... mos. 7 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE (State or country) Md (City)

PARENTS

10 NAME OF FATHER John T. Smith

11 BIRTHPLACE OF FATHER (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Garrett

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John T. Smith

(Address) 2905 Bernard St

15 JUN 6 - 1916 Filed ....., 191.

HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 6, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1916 to June 6 1916, that I saw h[illegible] alive on June 6, 1916, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

7 months Enteritis
Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. A. Richardson M. D.

June 6, 1916 (Address) 112 W. 39th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL JUN 6 - 1916, 191.

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND.
Commissioner Health.
FOR ANATOMICAL PURPOSES

C95646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95646

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 216 East St. 5 WARD) REGISTERED No. C 89

2-FULL NAME Albert Smith

(Residence in Baltimore: No. 16 East St.: yrs., / mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... (Month) ! (Day) , 1 (Year)

7-AGE, ...yrs. / mos. ....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo Smith

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sadie Williams

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sadie Smith
(Address) 16 East

15- Filed JUN 6 - 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis
Cardiac failure
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. T. Riley M. D.
(Coroner.)
June 6 1916 (Address) 637 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, JUN 6 - 1916, 19....
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND. Commissioner Health. Per Wm. S. Wood M.D. FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95647 C95647

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH ... REGISTERED NO. C ...

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 24 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S. Kroat

(Residence in Baltimore: No. 1130 Decatur St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 4, 1875 (Month) (Day) (Year)

7-AGE, 40 yrs. 11 mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ... Day

9-BIRTHPLACE, (State or Country), Md. Baltimore City

PARENTS.

10-NAME OF FATHER, Anton Kroat

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Schnell

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kind Mercy Hospital

(Address) Decatur St.

15- Filed JUN 6 - 1916 HARRY C. ALDERMAN Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to June 5 1916, that I saw h[illegible] alive on June 5 1916, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Duration ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Delirium Tremens

Duration 2 yrs. 1 mos. ... ds.

(Signed) Edward B. Smith M. D.

June 5, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. Life mos. ... ds.

Where was disease contracted, if not at place of death? 1130 Decatur St.

Former or usual residence 1130 Decatur St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 8, 1916.

20-UNDERTAKER Roth & Sumner — ADDRESS 1424 Gay Ave.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95648 C95648

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1701 N. Bradford St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo W Colton

(Residence in Baltimore: No. 1701 N. Bradford St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH Dec 2, 1870
(Month) (Day) (Year)

7-AGE, 46 yrs. 7 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Henry Colton

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER Mary E Stout

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Stella A Colton
(Address) 1701 N Bradford

15-
Filed JUN 6 - 1916, 191...
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1915, to June 5 1916, that I saw h alive on June 5 1916 and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

1.
Pulmonary Tuberculosis
(Duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
June 6, 191 6 (Address) 1 X U E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dale Cemetery
DATE OF BURIAL, June 8, 1916.

20-UNDERTAKER Robt J Snuders
ADDRESS 444 N Broadway

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95649

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1509 N Chapel St ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Dorn

(Residence in Baltimore: No. 1509 Chapel St

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, May (Month) 11 (Day), 1882 (Year)

7-AGE, 34 yrs. 23 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bottler
(b) General nature of industry, business, or establishment in which employed (or employer)..... Brewery

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick Dorn

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Theresia Muntein Brink

13-BIRTHPLACE OF MOTHER (State or Country), Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Dorn

(Address) 1509 N. Chapel St

15-
Filed JUN 6 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to June 4 1916, that I saw h[illegible] alive on June 4 1916, and that death occurred, on the date stated above, at 8-P m.

The CAUSE OF DEATH* was as foliows:

Interstitia Pneumonia
Lungs
(Duration) yrs. 5 mos. 10 ds.

CONTRIBUTORY (Secondary) Lungs
(Duration) yrs. 5 mos. 10 ds.

(Signed) Edw W Kennard M. D.

June 6, 1916 (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem DATE OF BURIAL, June 7, 1916

20-UNDERTAKER Adolf J. Turner ADDRESS 1742 N. Broadway

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95650

CERTIFICATE OF DEATH.

18 C95650

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 451 Lorain Ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Arbin

(Residence in Baltimore: No. 451 Lorain Ave St.; 53 yrs., 7 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 18, 1862
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
53 yrs. 7 mos. 18 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Butchard

PARENTS.

10-NAME OF FATHER, Henry Arbin

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Augusta Binder

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Arbin

(Address) 451 Lorain Ave

15 JUN 6 - 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 5 1916, that I saw him alive on June 5 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Primal Exhaustion

Broncho Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Septic Infection

(Duration) ....yrs. ....mos. 3 ds.

(Signed) H. H. Hunnemann M. D.

June 6, 1916 (Address) 1 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, June 8, 1916

20-UNDERTAKER Geo W Little

ADDRESS 531 Greenmount Av

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C95651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C95651

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 W 25th ..... ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irma M Tull

(Residence in Baltimore: No. 116 W 25th St

St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, April 20 (Month) (Day), 1892 (Year)

7-AGE, 24 yrs. 1 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Greenbury H Brown

11-BIRTHPLACE OF FATHER (State or Country), Conrad Co Md

12-MAIDEN NAME OF MOTHER Eva E Madden

13-BIRTHPLACE OF MOTHER (State or Country), Summit Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia Brown

(Address) 116 W. 20th St.

15- JUN 6 - 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4 1916, to June 5 1916, that I saw h er alive on June 5 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Duration.....

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) 1 yrs. mos. ds.

(Signed) Geo H Covington M. D.

June 5, 1916. (Address) 1000 W 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, June 8, 1916.

20-UNDERTAKER Wm Cook

ADDRESS 507 E Northern Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95652 C95652

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Maryland WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Smith

(Residence in Baltimore: No. 213 Hawthorn Road St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, June 6, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 1 hrs. or 45 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Hospital for women of Maryland.

PARENTS.

10-NAME OF FATHER, R. Tynes Smith.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Esther Donnelly.

13-BIRTHPLACE OF MOTHER (State or Country), Milwaukee Wisconsin

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt J Smith

(Address) 213 Hawthorn Road

15- Filed JUN 6 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I saw him alive on June 6 1916,
and that death occurred, on the date stated above, at 3.15 P m.
The CAUSE OF DEATH* was as follows:

Premature Child

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Partial Asphyxia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles L. Warner M. D.
June 6., 1916 (Address) Womens Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. — mos. ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery DATE OF BURIAL, June 7., 1916.

20-UNDERTAKER Wm Cook ADDRESS 502 E North

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95653 C95653

CERTIFICATE OF DEATH.

170

REGISTERED NO. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Lakewood ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Joseph H. Seifert

(Residence in Baltimore: No. 6 N. Lakewood ave St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Male

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6—DATE OF BIRTH, Jan. 6, 1860 (Month) (Day) (Year)

7—AGE, 56 yrs. 4 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Ind.

PARENTS.

10—NAME OF FATHER, Joseph H. Seifert

11—BIRTHPLACE OF FATHER (State or Country), Germany

12—MAIDEN NAME OF MOTHER Gingerland

13—BIRTHPLACE OF MOTHER (State or Country), Germany

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Seifert

(Address) 6 N. Lakewood ave

15—Filed JUN 6 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH June 4, 1916. (Month) (Day) (Year)

17—I HEREBY CERTIFY, That I attended deceased from Dec 8- 1916, to June 4 1916, that I saw h alive on June 4 1916, and that death occurred, on the date stated above, at 2 20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Jno. Clinton Bladel M. D.

6/5/16, 191... (Address) 143 N. Binney-

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, H. G. Redeemer Cem. DATE OF BURIAL, June 7., 1916

20—UNDERTAKER Jno. J. Moran ADDRESS Baltimore

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95654 HEALTH DEPARTMENT—CITY OF BALTIMORE C95654

CERTIFICATE OF DEATH. 120

REGISTERED NO. C

1. PLACE OF DEATH
CITY OF BALTIMORE. (No. 141 S. Ellwood ave St.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Emma Hoffman

(Residence in Baltimore: No. 141 S. Ellwood ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 17th, 1859. (Month) (Day) (Year)

7-AGE, 56 yrs. 10 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, James W. Wilson

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER Rebecca Jane Ellison

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Zahl

(Address) 141 S. Ellwood ave.

15- Filed JUN 6 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 5, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1- 191..., to June 5 1916, that I saw h[illegible] alive on June 4 1916, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Right Hemiplegia

Paralysis Supervened 4 Chronic Nephritis

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) 5 yrs. ..... mos. 2 ds.

(Signed) Geo. L. Wades M. D.

6/5/16, 191... (Address) 143 N. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt Carmel

DATE OF BURIAL, June 7th, 191.6

20-UNDERTAKER John A Horan

ADDRESS Bank & Canal

important. See instructions on back of certificate.

095455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1318 N. Carey ST.: 15 WARD)

2-FULL NAME Della Mebee

(Residence in Baltimore: No. 1318 N Carey St. 2 yrs., mos. ds.)

REGISTERED No. C 095655

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: ..... (Month) ..... (Day), 1892 (Year)

7-AGE: 24 yrs. July 31 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Clarkson Mathews

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Blanche Holmes

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother-in-law

(Address) 930 Penn. Ave

15- FILED JUN 7 - 1916. ROBERT J. KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wounds

Homicide

5 Hrs.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Do not know

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. G. Mitchell M. D. (Coroner)

June 5 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? None

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cem. Post Office Sunnallen Va

DATE OF BURIAL: June 7, 1916

20-UNDERTAKER: Daniel Easton

ADDRESS 916 Pa - ave

CAUSE OF DEATH must be plainly written, and all questions answered. Every certificate is important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95656 — 103 C95656

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Benson

(Residence in Baltimore: No. Provident Hospital 1810 McCulloh St ST.; 2 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH ..... (Month) ....., ... (Day), 1867 (Year)

7-AGE 49 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Private

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Unknown Benson

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Annie Brown

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. S. Johnson

(Address) 1604 Fremont St

15. JUN 7 - 1916 Filed ....., 191.....

ROBERT . KRAUTH, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ..... June (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1916, to, June 4 1916, that I saw her alive on June 4 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis.
Superinduced from Eating

(Duration) ..... yrs ..... mos. 7 ds.

Contributory (SECONDARY) Heart Failure

(Duration) ..... yrs ..... mos. 7 ds.

(Signed), C. H. Flowers M. D.

June 4, 1916. [Address] 714 S Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 1 ds. In the State 49 yrs — mos — ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1810 McCulloh St

19-PLACE OF BURIAL OR REMOVAL Mt. Auburn — DATE OF BURIAL June 7, 1916

20-UNDERTAKER John H. Toadvine — ADDRESS 1022 E. Monument St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95657 81 C95657

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Edmondson Av ST.; 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Black

(Residence in Baltimore: No. 1813 Edmondson Ave St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb (Month) 24 (Day), 1834 (Year)

7-AGE, 82 yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Quinn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Mc Mahon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie B Kirwan

(Address) 1813 Edmondson Av

15- JUN 7 - 1916 Filed....., 191.... ROBERT . KRAUTH, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1916, to June 6 1916, that I saw her alive on June 6 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

Uterovaginal (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Constipation

(Duration) yrs, mos. ds.

(Signed) M A O'Neill M. D.

June 6, 1916 (Address) 108 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, June 8, 191...

20-UNDERTAKER Mescall Duffy & Son

ADDRESS 375 N

Important. See instructions on back of certificate.

Catherine Bittner

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95658

CERTIFICATE OF DEATH.

C95658

1-PLACE OF DEATH
CITY OF BALTIMORE (No. John Hopkins Hospital, WARD) REGISTERED No. C 175

2-FULL NAME Caroline Bittner

(Residence in Baltimore: No. 1400 mc Culloh St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Fem'l	Wh	Married

6-DATE OF BIRTH, Sept 6, 1867
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
46 yrs. 7 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waitress
(b) General nature of industry, business, or establishment in which employed (or employer): Johns Hopkins Hosp.

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, John Bittner
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER, Lidia Schenk
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Esther Ramsmeier
(Address) 1400 mc Culloh St

15- FILED JUN 7 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 191..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Traumatism
Fall from street Car
(Duration) ....yrs....mos....ds.
CONTRIBUTORY (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) Chas. I. Turnbull M. D.
(Coroner.)
191... (Address) 100 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State 7 yrs....mos....ds.
Where was disease contracted, if not at place of death? Fell off car at Monument St.
Former or usual residence 1400 Mc Culloh St.

19-PLACE OF BURIAL OR REMOVAL, Lorraine Park — DATE OF BURIAL, June 7, 19..

20-UNDERTAKER, W. H. Fuss — ADDRESS Penn Station

Cause of death to be plainly written, so that it may be readily understood. Every question must be answered, if possible. Unknown or doubtful answers are important. See instructions on back of certificate.

C95659

HEALTH DEPARTMENT---CITY OF BALTIMORE

C95659

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2553 Florence St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Victoria Daugherty

(Residence in Baltimore: No. 2553 Florence St.; 44 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem.

4-COLOR OR RACE: Blk

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): widow

6-DATE OF BIRTH: Aug. (Month) 15 (Day), 1882 (Year)

7-AGE: 33 yrs. 9 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Addison E. Dimpsey

11-BIRTHPLACE OF FATHER (State or country): Balto.

12-MAIDEN NAME OF MOTHER: Mary Gibson

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henrietta Butler

(Address) 2553 Florence St

15- Filed JUN 7 - 1916, 191... ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June - 3rd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th, 1916 to June-3rd, 1916, that I saw h.. alive on June-3rd, 1916, and that death occurred, on the date stated above, at 7.45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs ..... mos. 10 ds.

Contributory (SECONDARY) Tuberculosis ?

(Duration) 2 yrs ..... mos. ..... ds.

(Signed) Fenner Jones M. D.

June 4, 1916 (Address) 2802 Rankin

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: June 7, 1916

20-UNDERTAKER: Reed & Freeland — ADDRESS: 1141 Schroeder

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95660

CERTIFICATE OF DEATH.

78 C95660

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 E 23rd St.; 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lola M. Madison

(Residence in Baltimore: No. 421 E 23rd St.; 18 yrs., 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 9 (Day), 1897 (Year)

7-AGE, 18 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, Wm Madison

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Agnes Page

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Madison

(Address) 421 E. 23rd. Street

15-JUN 7 - 1916 Filed....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 25 1916, to June 5 1916, that I saw her alive on June 5th 1916, and that death occurred, on the date stated above, at 11.50 a.m.

The CAUSE OF DEATH* was as follows:

Cerebro-cerebellitis

Chronic Rheumatism (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilitation

(Duration) yrs. mos. ds.

(Signed) D. Grantbett M. D.

6-6, 1916 (Address) 354 N. Wolfe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Gloucester Point Va.

DATE OF BURIAL, June 7, 1916

20-UNDERTAKER Chas. H. Holland

ADDRESS 317 Robert St.

Important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95661

CERTIFICATE OF DEATH.

C95661

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 24 WARD) REGISTERED No. C 50

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Rev Andrew Englehardt.

(Residence in Baltimore: No. 104 East West Street St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 30th, 1878.
(Month) (Day) (Year)

7-AGE, 38 yrs. 2 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Priest
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, John Englehardt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna M. Fickel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Rev. Andrew Englehardt

(Address) 104 Augusta St.

15-JUN 7 - 1916 ROBERT . KRAUTH Registrar.
Filed....., 191.... Burial Permit Given

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5th, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 1916, to June 5 1916, that I saw h in alive on June 5th 1916, and that death occurred, on the date stated above, at 1300 m.

The CAUSE OF DEATH* was as follows:

Coronary due to General Peritonitis from ruptured Appendix

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) Unknown yrs. mos. ds.

(Signed) Meier L Kaemmerer M. D.

June 5, 1916. (Address) St Josephs Hospl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State 9yrs ....mos. ds.

Where was disease contracted, if not at place of death? 104 E West St

Former or usual residence 104 E West St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem	June 9th, 1916
20-UNDERTAKER	ADDRESS 115
C & B. J. Carle	E. West St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95662 C95662

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 E. Clement ST.; 24 WARD)

2-FULL NAME Katharine B. Bosh

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 124 Clement St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Sept (Month) 20 (Day), 1891 (Year)

7-AGE, 24 yrs. 8 mos. 4 ds.

If LESS than 1 day, ...hrs. or....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Operator on Shirts
(b) General nature of industry, business, or establishment in which employed (or employer): Shirt Factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Bosh

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Zinkand

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Teresa Bosh

(Address) 124 Clement St

15 JUN 7 - 1916 Filed ....., —191.... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to June 4 1916, that I saw her alive on June 4 1916, and that death occurred, on the date stated above, at 2-40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. mos. ds.

(Signed) R. Goldenberg M. D.

June 6, 1916. (Address) 1810 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem A.A. Co. DATE OF BURIAL, June 8th, 1916.

20-UNDERTAKER, E. T. Earle ADDRESS 115 E. West St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95663 C95663

CERTIFICATE OF DEATH.

124 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Krack

(Residence in Baltimore: No. 1245 Battery Ave St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Mar. 18, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Peter Bupp

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Elizabeth Ness

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brian Krack

(Address) 1245 Battery Ave

15 Filed JUN 7 - 1916, 191 ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1916, to June 5 1916, that I saw h[illegible] alive on June 5 1916, and that death occurred, on the date stated above, at 7.20 a. m.

The CAUSE OF DEATH* was as follows:

Septicaemia Uterine Fibroid

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. ds.

(Signed) Edward J. Smith M. D.

June 5, 191 6 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State Md. yrs. mos. ds.

Where was disease contracted, if not at place of death? 1245 Battery Ave

Former or usual residence 1245 Battery Ave

19-PLACE OF BURIAL OR REMOVAL, Emyer Sta. York Co. Pa. DATE OF BURIAL, June 8, 191 6

20-UNDERTAKER Eschlemann & Son ADDRESS 1039 Hanover St.

Important. See instructions on back of Certificate.

Spec.—5-19-[illegible] M. & T.—500 Bks.

Spec.—5-19-[illegible]-M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95664 C95664

CERTIFICATE OF DEATH.

134

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General 24 Hosp. WARD), REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ellen Seymour

(Residence in Baltimore: No. 1505 Jackson St. St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 28 (Day), 1888 (Year)

7-AGE, 27 yrs. 10 mos. 13 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto. City

PARENTS.

10-NAME OF FATHER, John H. Black

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Sarah Ellen Keys

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Black

(Address) 1613 Jackson

15- JUN 7 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
Filed ....., 191.....
Registrar.

(Over)

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to June 6 1916, that I saw her alive on June 6 1916, and that death occurred, on the date stated above, at 12,47 a. m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Miscarriage

(Duration) yrs. mos. ds.

(Signed) Wm. Seabury M. D.

June 7, 1916. (Address) 621 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1505 Jackson St.

Former or usual residence 1505 Jackson St.

19-PLACE OF BURIAL OR REMOVAL, W.A. Carmel | DATE OF BURIAL, June 10, 1916

20-UNDERTAKER Edward J. Fanning | ADDRESS 1406 Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95665

CERTIFICATE OF DEATH

28 C95665

REGISTERED No. C .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2012 Keyser St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Beatrice Wolford

(Residence in Baltimore: No. 2012 Keyser St.: yrs. 9/12 mos. ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: colored

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: May (Month) 3 (Day), 1897 (Year)

7. AGE: 19 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Baltimore Md

PARENTS

10. NAME OF FATHER: Thomas Wolford

11. BIRTHPLACE OF FATHER (State or country): Maryland

12. MAIDEN NAME OF MOTHER: Susan Todd

13. BIRTHPLACE OF MOTHER (State or country): Maryland

14. I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mary Tyler

(Address): 2012 Keyser

15. Filed JUN 7 - 1916, 191_ ROBERT F. KRAUTHOFF Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1916, to June 3, 1916, that I saw h[er] alive on June 3, 1916, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds

Contributory (SECONDARY) Hodgkin's Disease

(Duration) yrs. mos. 4 ds.

(Signed) William F. Finch M. D.

June 4, 1916 (Address) 1411 Mt Day

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Arbutus Cemetery — DATE OF BURIAL: June 7, 1916

20. UNDERTAKER: Mr R A Elliott — ADDRESS: 506 East

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95666 C95666

CERTIFICATE OF DEATH.

15 V

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 9 S Stockton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Albert Gross

(Residence in Baltimore: No. 9 S Stockton St.; 9 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, June 6, 1916. (Month) (Day) (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, ..hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Richard Albert Gross

11-BIRTHPLACE OF FATHER (State or Country), Balto., Md.

12-MAIDEN NAME OF MOTHER Bertha Mayfield.

13-BIRTHPLACE OF MOTHER (State or Country), Balto., Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard A Gross

(Address) 9 S Stockton st

15- Filed JUN 7 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased ~~from~~ on June 6, 1916, to 191..., that I saw him alive on June 6 1916., and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Transverse presentation, version, pressure on after coming head

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) ...yrs...mos...ds.

(Signed) F. L. O'Leary M. D.

June 6., 1916. (Address) 130 2 W Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lauel Cem. DATE OF BURIAL, June 7., 1916

20-UNDERTAKER Wilbert Brown ADDRESS 306 N. Monroe

Spec.—5-19-1[illegible] M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95667 C95667

CERTIFICATE OF DEATH.

8 91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1140 Kirk ST.; 17 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Emory

(Residence in Baltimore: No. 1140 Kirk St.; 51 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, [illegible] (Month), 1 (Day), [illegible] (Year)

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Richard Sutton

11-BIRTHPLACE OF FATHER (State or Country), Md ?

12-MAIDEN NAME OF MOTHER Mary —

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Emory

(Address) 1140 Kirk St

15 JUN 7 - 1916 ROBERT . KRAUTER, Burial Permit Clerk.
Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-9-1916, to 6.3.1916, that I saw h[illegible] alive on 6.3.1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis Pneumonia

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. 2 mos. ds. ?

(Signed) [illegible] M. D.

6.6.., 191.. (Address) 639 Francis

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, June 7, 1916

20-UNDERTAKER Charles B. Jones

ADDRESS 235 N. Pine St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95668

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 4 WARD)

REGISTERED NO. C 120 C95668

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis George

(Residence in Baltimore: No. 875 N. Franklin St. St.; 39 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Not known (Month), 1 (Day) (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Dry

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Louis George

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emma Upton

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. McGettrick

(Address) Mercy Hosp.

15- Filed JUN 7 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1916, to June 6 1916, that I saw h[illegible] alive on June 6 1916, and that death occurred, on the date stated above, at 3:45 p.m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Rheumatism

(b) Septicemia

(Duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 9 yrs. 8 mos. ds.

(Signed) Edward H. Smith M. D.

June 6, 191... (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 days. In the State 39 yrs. mos. ds.

Where was disease contracted, if not at place of death? 875 N. Franklin St.

Former or usual residence 875 N. Franklin St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, June 9, 1916

20-UNDERTAKER Charles B. Jones ADDRESS 236 S. Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95669 C95669

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 Ursu ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah White

(Residence in Baltimore: No. 1630 Ursu St.; Five yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Mal.

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Feb. 30th (Month) (Day), 1908 (Year)

7-AGE, yrs. 8 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Elijah White

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Gertrude Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Robinson

(Address) 1623 Ursu St.

15-JUN 7 - 1916 Filed, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5th (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 3d 191 , to June 5th 191 , that I saw h alive on June 4th 191 , and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Clark M. D.

6/7, 191 (Address) 923 Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem.

DATE OF BURIAL, June 7, 1916

20-UNDERTAKER Charles B. Jones

ADDRESS 235 Pine St

C95670

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C 28 C95670

CITY OF BALTIMORE: (No. Liberty Heights Ave Garrison Apts St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Estella Riddle

(Residence in Baltimore: No. Liberty Heights Ave Garrison Apts St.; 39 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: March (Month) 18 (Day), 1870 (Year)

7-AGE: 46 yrs. 2 mos. 18 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Balto. Co. Md.

PARENTS

10-NAME OF FATHER: D. F. Knight

11-BIRTHPLACE OF FATHER (State or country): Balto Co. Md.

12-MAIDEN NAME OF MOTHER: Ellen Northey

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. R. Riddle

(Address) Liberty Heights Ave Garrison

15- Filed JUN 7 - 1916 ROBERT KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31, 1916, to, May 31 1916, that I saw h[er] alive on May 31 1916, and that death occurred, on the date stated above, at 6.40 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 12 ds.

Contributory (SECONDARY) Uremia

(Duration) yrs. mos. ds.

(Signed) H. H. Schimmel M. D.

June 6, 1916 [Address] Garrison Junction

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: June 8, 1916

20-UNDERTAKER: Joseph B. Cook ADDRESS 1003 W Balto St

State CAUSE OF DEATH in plain (ordinary) terms. Omissions on back of certificate. TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95671

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95671

Spec.—8-24-14—M. & T.—2000 Bks.

C95671 C95671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 1979

CITY OF BALTIMORE: (No. 111 S. Gilmor ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie G. Morley

(Residence in Baltimore: No. 111 S. Gilmore St. 2 Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Feby (Month) 18 (Day), 1899 (Year)

7-AGE: 17 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Chas E. Morley

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Lottie E. Sheppard

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles G. Morley

(Address) 111 S. Gilmor St.

15-JUN 7 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1915, to June 6 1916, that I saw her alive on June 5 1916, and that death occurred, on the date stated above, at 2-40 A.M.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 6 yrs. 8 mos. 25 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) 6 yrs. 6 mos. 10 ds.

(Signed) Henry G. Cole M. D.

June 6, 1916 (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, June 9, 191 6

20-UNDERTAKER Joseph B. Cook — ADDRESS 1002 W Balto

C95672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95672

1 PLACE OF DEATH

CITY OF BALTIMORE (No. At rear 221 Colvin St. WARD 6) REGISTERED No. C 182

2 FULL NAME Charles Myers Isaac

(Residence in Baltimore: No. 221 Colvin

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December, 1, 1894
(Month) (Day) (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Isaac Isaac

11-BIRTHPLACE OF FATHER (State or Country), to Dont Know

12-MAIDEN NAME OF MOTHER Jennie Myers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carry Myers

(Address) 15 N Colvin

15 Filed JUN 7 - 1916, 191... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) found that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot wound in brain fired from hands of Jane Wright. Homicidal

Duration (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. F. Luby M. D.
(Coroner)

June 6, 1916 (Address) 163 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death about 1 hour In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon County — DATE OF BURIAL, June 8, 1916

20-UNDERTAKER John T Evans — ADDRESS 1122 Division

important. See instructions on back of certificate.

Thomas L. F. Taylor.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95673 C95673

CERTIFICATE OF DEATH.

175

1 PLACE OF DEATH

CITY OR BALTIMORE (No. Johns Hopkins Hospital ST.: 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas L. F. Taylor

(Residence in Baltimore: No. 520 E Eager St.: yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, My D

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 5, 1870 (Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Carpet
(b) General nature of industry, business, or establishment in which employed (or employer) Furnish

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Thomas Taylor

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Johanna Lavell

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. [illegible]

(Address) 520 E Eager St

15- Filed JUN 7 - 1910, 191 ROBERT . KRAUTNER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1910 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism, motor truck

Collision of automobile

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. R. Carstens (Coroner.) M. D.

191... (Address) 41 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Collision on Baltimore St

Former or usual residence Buckland Ave

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden DATE OF BURIAL, June 7, 1910

20-UNDERTAKER Chenoweth & Son ADDRESS 361 Eastern Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95674 C95674

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 Lanvale ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Fisher

(Residence if Baltimore: No. 306 Lanvale St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 1, 1849 (Month) (Day) (Year)

7-AGE, 67 yrs. 1 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) Cook

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Augustus

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Julia Hondelatus

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Fisher

(Address) 306 Lanvale

15-Filed JUN 7 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to June 5 1916, that I saw h[illegible] alive on June 4 1916, and that death occurred, on the date stated above, at 4A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Diabetic Coma

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Joseph P. Hennig M. D.

June 5, 1916 (Address) 1621 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, June 7, 1916

20-UNDERTAKER H. Stockmeyer ADDRESS 1621 E Pratt St

Dr. Herring 1621 E Pratt St.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095675

CERTIFICATE OF DEATH.

28

095675

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1932 Edmondson Ave 46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Gahby Moss

(Residence in Baltimore: No. 1932 Edmondson Ave St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 2, 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. 6 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Broker

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. Thomas F Moss

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Azalia Furaut

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Moss

(Address) 1932 Edmondson Ave

15- JUN 7 - 1916 Filed ....., 191.... ROBERT KRAUTNER, Burial Permit Clerk Registrar.

Dr Shannon 3300 Montevue

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1916, to June 6 1916, that I saw him alive on June 5, 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maurice E. Shannon, M. D.

June 6, 1916. (Address) 3300 N. Monte Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, June 7, 1916

20-UNDERTAKER H Thickens Son

ADDRESS Newton

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95676 C95676

CERTIFICATE OF DEATH.

REGISTERED NO. C 157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Ensor St.; Ward 5)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilian Maude Stahn

(Residence in Baltimore: No. 506 Ensor St., St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 4 (Day), 1916 (Year)

7-AGE, ..yrs. 1 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Justus Stahn

11-BIRTHPLACE OF FATHER (State or Country) Balto

12-MAIDEN NAME OF MOTHER M. A Tousey

13-BIRTHPLACE OF MOTHER (State or Country), New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Justus Stahn

(Address) 506 Ensor St

15- JUN 7 - 1916 ROBERT . KRAUTH, Burial Permit Clerk
Filed..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 6 1916, that I saw h[illegible] alive on June 6 1916, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Interus due to obstruction of Gall ducts

(Duration) ..yrs. ..mos. 6 ds.

CONTRIBUTORY (Secondary) Jaundice

(Duration) ..yrs. ..mos. 6 ds.

(Signed) Jno Robinson M. D.

June 7, 1916. (Address) 726 E Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 7, 191..

20-UNDERTAKER Liston T. Russell

ADDRESS 262 St Paul

important. See instructions on back of certificate.

C95677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C95677

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. 4 WARD)
2-FULL NAME Thomas Johnson
(Residence in Baltimore: No. None St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Wood Rag.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Kentucky

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Kentucky

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- JUN 7 1916 191... ROBERT E. KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 191 6
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Edema

(b) Post Lobar Pneumonia (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. S. Riley (Coroner.) ..... M. D.

June 6, 191 6 (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY.

DATE OF BURIAL, JUN - 7 1916

20-UNDERTAKER

ADDRESS

Commissioner Health.

Per. Wm. E. WOMBALL

CAUSE OF DEATH must be plainly stated, so that it may be properly classified. Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95678 C95678

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Found Floating East of Key Highway 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown c

(Residence in Baltimore: No. Unknown c St.; yrs., — mos.— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Don't Know

6-DATE OF BIRTH, Don't Know, 1 (Month) (Day) (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. of....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Don't Know
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Don't Know

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country). Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Otto H. Reinhardt

(Address) Coroner

15- Filed JUN 7 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Honma May 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death ~~on the day stated above~~.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Otto H. Reinhardt M. D. (Coroner)

June 5, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, PUBLIC CEMETERY.

DATE OF BURIAL, JUN 7 1916

20-UNDERTAKER

ADDRESS

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95679

CERTIFICATE OF DEATH.

56

C95679

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 424 Front St. ST.: 5 WARD)

2-FULL NAME Thomas Kelly

(Residence in Baltimore: No. unknown St.; yrs., mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Widower

6-DATE OF BIRTH, unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 62 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Foreman Tinsmith
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. & Penn.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- JUN 7 - 1916 191..... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, unknown May Found dead 18.., 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, ~~autopsy or~~ inquiry.) thereon and from the evidence obtained by said..... (Inquest, ~~autopsy~~ or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... result of
Probably Alcoholism
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. F. Kelly M. D. (Coroner)

June 21., 1916. (Address) 1629 Boulevard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL
PUBLIC CEMETERY.	JUN. - 7 1916
20-UNDERTAKER	ADDRESS

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95680

CERTIFICATE OF DEATH.

91

C95680

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 429 Tyson. ST.: 4 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Peterson

(Residence in Baltimore: No. 429 Tyson, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female.	Black.	

6-DATE OF BIRTH, ..., (Month) 1 (Day) ..... (Year)

7-AGE, ... yrs. 4 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER Margery Minor

13-BIRTHPLACE OF MOTHER (State or Country), Middlesex Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Fowler

(Address) 429 Tyson

15- JUN 7 - 1916 191.. ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Weakness.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Driscoll M. D. (Coroner.)

May 29 191.. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	JUN - 7 1916, 19..
20-UNDERTAKER	ADDRESS

Commissioner of Health

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(95681) 64 (95681)

CERTIFICATE OF DEATH.

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore Harbor ST. Foot of 26th Street WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Not known

(Residence in Baltimore: No. not known St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Unknown

6-DATE OF BIRTH.

..... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
25 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) None

(Address).....

15- Filed JUN 7 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Drowning (accidental) .....
.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) Theus Ryan Coroner. M. D.

June 4, 1916 (Address) Theus Ryan Coroner.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
PUBLIC CEMETERY.	JUN - 7 1916, 19....
20-UNDERTAKER	ADDRESS

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95682 C95682

CERTIFICATE OF DEATH.

109

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 728 Dover St. ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Welch

(Residence in Baltimore: No. 728 Dover St, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow.

6-DATE OF BIRTH, Unknown, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie C Thomas

(Address) 728 Dover St.

15-JUN 7 - 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1916
..... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gangrene induced by a Strangulated Umbilical Hernia,

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Albert D. Driscoll M. D.
(Coroner.)

May 29 191 6 (Address) 512 N Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY.

DATE OF BURIAL JUN 7 1916, 19....

20-UNDERTAKER

ADDRESS

Commissioner Health.

Morgue 8/16

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95683

81 E95683

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 742 Reservoir St.; 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME H. Frank Neer

(Residence in Baltimore: No. 742 Reservoir St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... (Month) Apr (Day) 23rd, (Year) 1837

7-AGE, 79 yrs. 1 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Nathan Neer

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Eliza Potts.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jos. Neer

(Address) 742 Reservoir St.

15- Filed JUN 7 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1915, to June 5 1916, that I saw him alive on June 5 1916, and that death occurred, on the date stated above, at 7:30 p m.

The CAUSE OF DEATH* was as follows:

Neurasthenia

Ulcer of stomach (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Oedema of lungs.

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) John D. Young M. D.

June 6, 1916 (Address) 1425 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New National | DATE OF BURIAL, June 8 1916

20-UNDERTAKER Geo. M. Lawrence | ADDRESS 624 Mt Royal Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

William Geisler

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95684 1 C95684

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos. ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Geisler

(Residence in Baltimore: No. 1528 Boyle. St.; 27 yrs., 11 mos. 17 ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 20, 1888
(Month) (Day) (Year)

7-AGE 27 yrs. 11 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Emmart & Stumpf Co

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Geisler

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Geisler

(Address) 1528 Boyle St

15- Filed JUN 7 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30 1916, to June 6 1916, that I saw h in alive on June 6 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Perforation of bowel (Duration) 2 yrs. mos. 10 ds.

(Signed) Geo. F. Braun M. D.

June 6, 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1528 Boyle st.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetary DATE OF BURIAL, June 8., 1916

20-UNDERTAKER Mrs J. E. Evans ADDRESS 1421 Charles St.

C95685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 6 C95685

REGISTERED NO. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 223 n Central ave ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. FULL NAME Philip Berens

(Residence in Baltimore: No. 223 n Central ave, St.: 49 yrs., 8 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Sgle

6-DATE OF BIRTH, September (Month) 13 (Day), 1866 (Year)

7-AGE, 49 yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Auto Repairing

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo Berens

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margie Doleck.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Berens

(Address) 223 n Central ave

15- FILED JUN 7 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

(Signed) J. Kent Tunstall M. D.
(Coroner.)

June 6, 1916.. (Address) 1 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, June 9, 1916

20-UNDERTAKER Henry Hoeck & Son

ADDRESS 130 E Eager St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C95686

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 504 N Lexington St.; 4 WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Dobert

(Residence in Baltimore: No. 504 N Lexington St. St.: 70 yrs., 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct (Month) 6 (Day), 1845 (Year)

7-AGE, 70 yrs. 7 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS:

10-NAME OF FATHER, John J List

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary England

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs G Ruppersberger
(Address) 504 N Lexington

15-JUN 7 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1915 to June 1916, that I saw her alive on June 6 1916, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
after 15 hours
(Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary) Paresis
(Duration)..1...yrs.....mos.....ds.
(Signed) A. C. Poe M. D.
June 7, 191.. (Address) 2038 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park
DATE OF BURIAL, June 8, 191..

20-UNDERTAKER Wm Moulton
ADDRESS 230 N Green

Important. See instructions on back of certificate.

095687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 095687

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1320 Preston ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lee Gaskins

(Residence in Baltimore: No. 1323 Preston St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word)
Female	White	Single

6-DATE OF BIRTH, April 3, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Geo. Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Georgeanna Gaskins (Gaskins)

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mother

(Address)..... 1323 Preston

15A JUN 7 - 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) I find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

a Pulm. Hemorrhage

..... (Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration).....yrs.....mos.....ds.

(Signed)..... H. D.
(Coroner)

June 7, 1916 (Address)..... 1918 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....None.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 8, 1916

20-UNDERTAKER James H Dunn — ADDRESS 1303 Preston

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C95688 C95688

REGISTERED No. C .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1426 Lehood ST. 15 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Mary M. Johnson

(Residence in Baltimore: No. 1426 Lehood St.: yrs. 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: Colored | 5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Baby

6. DATE OF BIRTH: April 10 (Month), (Day), 1916 (Year)

7. AGE: ..... yrs. 1 mos. 27 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or country): Balto md

PARENTS

10. NAME OF FATHER: Andrel Johnson

11. BIRTHPLACE OF FATHER (State or country): Md

12. MAIDEN NAME OF MOTHER: Mary Stokes

13. BIRTHPLACE OF MOTHER (State or country): Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Johnson

(Address) 1426 Lehood

15. Filed JUN 7 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1916, to June 6 1916 that I saw h[illegible] alive on June 6, 1916. and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mary Cockrell M. D.

June 7, 1916 (Address) 810 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: June 8, 1916

20. UNDERTAKER: James H Dennis | ADDRESS: 303 Pulaski

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1200 or Hospital or Institution) (WARD)

2-FULL NAME John B Kinney age 6 yrs.

Residence in Baltimore: No. 931 N Calvert.

REGISTERED No. C 95689

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 4 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sgl.

6-DATE OF BIRTH, May 18, 1906
(Month) (Day) (Year)

7-AGE, 10 yrs. 0 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Delaware,

PARENTS.

10-NAME OF FATHER, John F McGrath,

11-BIRTHPLACE OF FATHER (State or Country), Mass

12-MAIDEN NAME OF MOTHER Blanche L Roney.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Eugene Kinney

(Address) 931 N Calvert.

15- Filed JUN 7 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stomach Disease

admitted by Consent

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wirt Dunlap M. D.
(Coroner.)

..., 191... (Address) 29 E Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 ds. In the State 4 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 931 N. Calvert St

19-PLACE OF BURIAL OR REMOVAL, His Cemetery Harford Rd. Md. DATE OF BURIAL, June 8, 1916

20-UNDERTAKER Stewart & Howell Co ADDRESS 1082 N Gay St

important. See instructions on back of certificate.

C95690

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95690

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

C95690

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1828 N. Caroline ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Miltenberger King

(Residence in Baltimore: No. 1828 N. Caroline St.: 64 yrs. 10 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: month and day not known, 1850 (Month) (Day) (Year)

7 AGE: 66 yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Edward Warner

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Agnus Davis

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Julia E. Hilcker
(Address) 1407 Madison ave

15 Filed JUN 7 - 1916 1916 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1916, to June 7 1916.
that I saw her alive on June 7 1916.
and that death occurred, on the date stated above, at 4.45 P.M.
The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis - Chronic Valvular Heart disease
(Duration) Several yrs. mos. ds.
Contributory (SECONDARY) Cerebral Embolism
(Duration) yrs. mos. 4 ds.
(Signed) W. M. Lewis M. D.
June 7, 1916 (Address) Lutherville Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.
Where was disease contracted, if not at place of death? ✓
Former or usual residence ✓

19 PLACE OF BURIAL OR REMOVAL: Green Mount Cty — DATE OF BURIAL: June 9, 1916

UNDERTAKER: Stewart & Mowen Co — ADDRESS: 108 W North Ave

N. B.-Every item of information should be given as accurately as possible. Exact statement of OCCUPATION is very important. See instructions on back of certificate. State CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

Lillie Trowbridge

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95691 C95691

CERTIFICATE OF DEATH.

X 120

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Trowbridge

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., 1 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1857
(Month) (Day) (Year)

7-AGE, 59 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housework
(b) General nature of industry, business, or establishment in which employed (or employer), Self

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, J. C. Shaw

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Lucretia Shaw

13-BIRTHPLACE OF MOTHER (State or Country), Indiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. J. Heard

(Address) Johns Hopkins Hospital

15- Filed JUN 8 = 1916 ROBERT . KRAUTH, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1916, to June 7 1916, that I saw h[illegible] alive on June 7 1916, and that death occurred, on the date stated above, at 7 15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Nephritis
Thrombo-phlebitis
Pulmonary embolism.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ~~year~~ Pul. embolism 1 minute

(Duration) ....yrs. ....mos. ....ds.

(Signed) Emmett L. du Bray M. D.

....., 191... (Address) J.H.H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. ....ds. In the State ....yrs. 1 mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence St Albans W Va.

19-PLACE OF BURIAL OR REMOVAL, St Albans W. Va. DATE OF BURIAL, June 8..., 1916.

20-UNDERTAKER Albert E Fuller ADDRESS 1221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95692 C95692

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital, ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Howard Kellar.

(Residence in Baltimore: No. 3840 Roland Ave Last house south on W. side Roland Av.: 20 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: March (Month) 7 (Day), 1868. (Year)

7-AGE: 48 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pipe fitter for
(b) General nature of industry, business, or establishment in which employed (or employer): Con. G. E. L. & P. Co.

9-BIRTHPLACE, (State or Country): Carroll Co., Md.

PARENTS.

10-NAME OF FATHER: G. W. Kellar.

11-BIRTHPLACE OF FATHER (State or Country): Maryland.

12-MAIDEN NAME OF MOTHER: Comfort Tracey.

13-BIRTHPLACE OF MOTHER (State or Country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. H. Gorsuch,

(Address) 2104 Oak Street.

15- 9761 - 8 NOV Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16 1916, to June 8 1916, that I saw h[illegible] alive on June 8 1916, and that death occurred, on the date stated above, at 4:50a.m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

Dilated Heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward H. Smith M. D.

June 8 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 3 mos. 23 ds. In the State 48 yrs. 3 mos. 2 ds.

Where was disease contracted, if not at place of death? 3840 Roland Ave

Former or usual residence: 3840 Roland Ave Last house south on W. side of

19-PLACE OF BURIAL OR REMOVAL, St. Mary's, (Hampden) — DATE OF BURIAL, June, 10, 1916

20-UNDERTAKER Stewart & Mowen Com'y. — ADDRESS 108 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C95693

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95693

CERTIFICATE OF DEATH.

REGISTERED NO. C 130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Patapsco ST.; 23 WARD)

FULL NAME Frederick Herchenhahn

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1719 Patapsco St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. 28, 1847 (Month) (Day) (Year)

7-AGE, 68 yrs. 7 mos. 9 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER John Herchenhahn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Herchenhahn

(Address) 1719 Patapsco st

15- Filed JUN 8 1916, 191 ROBERT J. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1916, to June 7 1916, that I saw h[illegible] alive on June 6 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indefinite

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 2 yrs. mos. ds.

(Signed) R. S. T. Campbell M. D.

June 7, 1916 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, June 10, 1916.

20-UNDERTAKER E. J. Fanning

ADDRESS 1160 Battery Ave

Unpublic. See instruction on back

mnp

Spec.—8-24-14—M. & T.—2000 Blks.

C95694

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95694

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2641 E Monument ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Gabriel Schmidt

(Residence in Baltimore: No. 2641 E. Monument St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. 11, 1903
(Month) (Day) (Year)

7-AGE, 12 yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School
(b) General nature of Industry, business, or establishment in which employed (or employer) Child

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George J. Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Elizabeth Zagnitz

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Schmidt

(Address) 2641 E Monument

JUN 8 - 1916 [redacted] KRAUTER,
Filed....., 191[redacted] Permit.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4 1916, to June 6 1916, that I saw h.im alive on June 6 1916, and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [redacted] M. D.

June 6, 1916. (Address) 2601 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Balto Cemetery

DATE OF BURIAL, June 7, 191...

20-UNDERTAKER H Sander & Sons

ADDRESS [redacted]

C95695 HEALTH DEPARTMENT--CITY OF BALTIMORE C95695

CERTIFICATE OF DEATH

64

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1576 E. Baltimore ST.: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura A. Magruss

(Residence in Baltimore: No. 1576 E. Balto. St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct. — (Month) (Day), 1862 (Year)

7-AGE: 53 yrs. 8 mos. ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Thaddeus Myers

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Lydia Phillips

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos. H. Magruss

(Address) 1576 E Balto St

15- JUN 8 - 1916 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6th, 191.., to June 6, 191.. that I saw h[illegible] alive on June 6, 191.. and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) Arter. Sclerosis.

Contributory (SECONDARY) ..... (Duration) unknown

(Signed) Thos. H. Magruss M. D.

6/7, 1916 (Address) 1576 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: JUN 9 - 1916

20-UNDERTAKER: ARMSTRONG-DENNY CO. — ADDRESS: 15 Light

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Joseph Bach

Joseph Hall

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95696 C95696

CERTIFICATE OF DEATH.

103

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1845 Kennaugh ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Joseph Hall

(Residence in Baltimore: No. 1845 Kennaugh St.; yrs., 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known Not Known 1870
(Month) (Day) (Year)

7-AGE, 46 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Drayman
(b) General nature of industry, business, or establishment in which employed (or employer) Pick & Shovel

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph Hall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E. Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Hall

(Address) 1845 Kennaugh

15- JUN 9 - 1916 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Exhaustion

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Compression of Intestines

(Duration) yrs. mos. ds.

(Signed) J. Wilbur M. D.
(Coroner)

June 7 1916. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1845 Kennaugh

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet DATE OF BURIAL, June 8th 1916

20-UNDERTAKER Clarence L. Dorsey ADDRESS 1364 Carey

Important. See instructions on back of certificate.

C95697

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 95697

City of BALTIMORE (No. 1046 Brantley Ave St. 16 WARD) 120

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George Dallas Gawthrop

(Residence in Baltimore: No. 1046 Brantley Ave St.) (72 yrs. 2 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Single

6 DATE OF BIRTH: March (Month) 24 (Day), 1844 (Year)

7 AGE: 72 yrs. 2 mos. 14 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Basket Mfg
(b) General nature of industry, business, or establishment in which employed (or employer): own Business

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James T. Gawthrop

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Cook

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel D Gawthrop

(Address) 1046 Brantley ave

15 JUN 8 - 1916 Filed ....., 191 ..... Burial Permit Issued ROBERT J. KRAUER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 7th (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1916, to June 7th 1916 that I saw h[illegible] alive on June 6th 1916 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Uraemia

(Duration) — yrs. — mos. 3 ds.

(Signed) Hoard T. Greenwood M. D.

June 7, 1916 (Address) 1227 Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: June 9, 1916

20 UNDERTAKER: Chas E. Franck — ADDRESS: 802 Madison Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. S.T.—2000 Bks.

C95698

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95698

CERTIFICATE OF DEATH.

×137

1-PLACE OF DEATH University Hospital 4 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Emma Spencer

(Residence in Baltimore: No. (none) Westminster St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, May 7, 1883
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
33 yrs. 1 mos. ..... ds.	....hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, C. Coffersmith

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER — Myers

13-BIRTHPLACE OF MOTHER (State or Country), maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Deceased

(Address)..... ——

15- Filed JUN 8 - 1916 ....., 191.... ROBERT . KRAUTH Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4 1916, to June 7 1916, that I saw her alive on June 7 1916, and that death occurred, on the date stated above, at 1:38a m.

The CAUSE OF DEATH* was as follows:

..... Puerperal Septicaemia .....

.....

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) ..... Childbirth .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

June 7., 191.6. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State Life mos. ..... ds.

Where was disease contracted, if not at place of death? ——

Former or usual residence Westminster, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westminster	June 9., 191.6
20-UNDERTAKER	ADDRESS
James M Stoner	Westminster

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95699 64 C95699

PLACE OF DEATH

CITY OF BALTIMORE (No. 1103 Rutland ave. St.; 8 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Charles Hall

(Residence in Baltimore: No. 1103 Rutland ave St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 24, 1848
(Month) (Day) (Year)

7-AGE, 67 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Rubber Cabinet
(b) General nature of industry, business, or establishment in which employed (or employer): maker

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Hall, Conrad

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Doris Kaun

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ward Hall

(Address) 1005 Rutland

15- FILED JUN 8 - 1916, 191... ROBERT . KRAUTH, Assistant Deputy Clerk
Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June, 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) H. Bensley M. D.
(Coroner.)

....., 191... (Address) 1005 Rutland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, June 11, 1916

20-UNDERTAKER John Herwig & Co

ADDRESS 200 Gilmore St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095700 Dorlan 64 095700

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 702 S. Fremont St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Dorlan

(Residence in Baltimore: No. 702 S. Fremont St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar 3, 1864
(Month) (Day) (Year)

7-AGE, 75 yrs., 3 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Dorlan

(Address) 702 S. Fremont

15- Filed JUN 8 - 1916, 19..., ROBERT KRAUTER, Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1916, to June 7 1916, that I saw h[illegible] alive on June 6 1916, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(Duration) ...yrs. ...mos. 2 ...ds.

(Signed) Henry Bond M. D.

June 8, 191.6 (Address) 702 Aliceanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet Cem. — DATE OF BURIAL, June 9 1916

20-UNDERTAKER W. J. Tickner & Sons — ADDRESS North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95701 C95701

CERTIFICATE OF DEATH.

138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (St.; Ward) 19

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Green

(Residence in Baltimore: No. 207 N. Bruce St.; 30 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) October (Day) 1 (Year) .....

7-AGE, 37 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, James Hardesty

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha —

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Miller M.D.

(Address) Johns Hopkins Hosp.

15- Filed JUN 8 1916 ROBERT . KRAUTH, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916 to June 6 1916, that I saw h[illegible] alive on June 6 1916, and that death occurred, on the date stated above, at 8:15 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) — yrs. One mos. — ds.

CONTRIBUTORY (Secondary) Pregnancy

Myocardial Insufficiency (Duration) ? yrs. ? mos. ? ds.

(Signed) Mary L. Miller M. D.

June 7, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 7 ds. In the State ? yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? At patients home

Former or usual residence 207 N. Bruce St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, June 9, 1916

20-UNDERTAKER Wilbert Brown ADDRESS 304 N. Howard St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95702

CERTIFICATE OF DEATH.

92 C95702

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Taylor

(Residence in Baltimore: No. 609 N. Bradford St St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 10 (Day), 1875 (Year)

7-AGE, 40 yrs. 11 mos. 28 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General.

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15- Filed JUN 8 - 1916 ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1916, to June 7 1916, that I saw him alive on June 7 1916, and that death occurred, on the date stated above, at 5 50 a m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) 1

(Duration) ... yrs. ... mos. ... ds.

(Signed) Paul A. Clough M. D.

June 7, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 609 N. Bradford St

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery DATE OF BURIAL, June 9 1916

20-UNDERTAKER Milton Burns ADDRESS 1638 McCulloh St

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C95703

C95703

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N. Montford Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Adams

(Residence in Baltimore: No. 223 N. Montford ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 24, 1878 (Month) (Day) (Year)

7-AGE, 38 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Finisher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Louis Adams

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lucy Hawkins

13-BIRTHPLACE OF MOTHER (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Hallie Adams Jones

(Address)... 231 N. Montford Ave.

15- JUN 8 - 1916 Filed....., 191.....

ROBERT . KRAUT... Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1916, to June 5 1916, that I saw h... alive on June 5 1916, and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(b)

(c)

(Duration)..... yrs..... mos. 12 ds.

CONTRIBUTORY (Secondary).....

(Duration)..... yrs..... mos..... ds.

(Signed)..... M. D.

June 6, 1916. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leakey Cemetery DATE OF BURIAL, June 9, 1916.

20-UNDERTAKER Milton Davis ADDRESS 1608 McElderry St

Spec.—8-24-[illegible]—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95704 C95704

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Clifton Ave St.; 9 WARD)

REGISTERED NO. C 1720

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian Auck

(Residence in Baltimore: No. 1622 Clifton ave St.; 71 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 27th (Month) (Day), 1861 (Year)

7-AGE, 55 yrs. 3 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brewer
(b) General nature of industry, business, or establishment in which employed (or employer): J F Wiessner & Sons

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Auck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Auck

(Address) 1622 Clifton ave

15- Filed JUN 8 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1916, to June 6 1916, that I saw h[illegible] alive on June 6 1916, and that death occurred, on the date stated above, at 9.05 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis time unknown

(Duration) yrs. mos. ds.

(Signed) Jacob Frahm M. D.

June 7, 1916 (Address) 1823 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL, June 9th, 1916.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

C95705

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95705

CERTIFICATE OF DEATH.

150

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 S Eutaw ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie Green

(Residence in Baltimore: No. 1018 Eutaw St.; ....yrs., ...mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Infant

6-DATE OF BIRTH, May (Month) 26th (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (Balto City)

PARENTS.

10-NAME OF FATHER, Amos Green

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Maddud

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amos Green

(Address) 1018 Eutaw

15- JUN 8 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6th 1916, to June 7th 1916, that I saw him alive on June 6th 1916, and that death occurred, on the date stated above, at 11 8. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Congenital Cardiac Disease

(Duration) ....yrs. ....mos. 12 ds.

(Signed) Wm L. Jorlin M. D.

June 8th, 1916. (Address) 745 N North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn ct

DATE OF BURIAL, June 9th, 1916

20-UNDERTAKER J. A. Brown & Son

ADDRESS 708 W Monty

C95706

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95706

REGISTERED No. C 170

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Home for the aged of the M.E. Church ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Miss Lydia Upperman

(Residence in Baltimore: No. S W. Cor Franklin and Fulton ave ~~St.~~ yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH May (Month) 18 (Day), 1846 (Year)

7 AGE 70 yrs. — mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jno Upperman

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Lydia Tracy

13 BIRTHPLACE OF MOTHER (State or country) Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma J Darsey

(Address) Met m E Home

15 JUN 8 - 1916 Filed 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June (Month) 7 (Day), 1916 (Year)
June 7. 1916

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to June 7 1916.
that I saw her alive on June 7, 1916,
and that death occurred, on the date stated above, at 2.15 p m.
The CAUSE OF DEATH* was as follows:

Endocarditis (Chronic)

(Duration) 5 yrs. 6 mos. 0 ds

Contributory (SECONDARY) Nephritis (Chronic)

(Duration) 1 yrs. 0 mos. 0 ds.

(Signed) Geo C Shannon M. D.

June 7, 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 10 yrs. — mos. — ds. In the State Life yrs. mos. ds.
Where was disease contracted if not at place of death? Home of the Aged M E Church
Former or usual residence Home for the Aged M E Church

19 PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL June 7, 1916

20 UNDERTAKER George J Smith — ADDRESS 1000 H. Page No. 17

NOTE—State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13.—M. & T.—500 Pks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95707 C95707

CERTIFICATE OF DEATH.

39

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Bayard ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Buckel

(Residence in Baltimore: No. 1900 Bayard St.. St.; ..yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 1 (Day), 1852 (Year)

7-AGE, 64 yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Agriculturist

9-BIRTHPLACE, (State or Country), Blair Co. Penna.

PARENTS.

10-NAME OF FATHER, Leonard Buckel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie C. Ote

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Buckel

(Address) 1900 Bayard St

15- JUN 8 - 1916 Filed ....., 191.. HARRY C. ANDREW Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1916, to June 7 1916, that I saw h[illegible] alive on June 7 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Carcinoma of Soft Palate
involving all adjacent Structures
(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion
(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. M. Dillerett M. D.
June 8, 1916. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 8 mos. ....ds. In the State 64 yrs. 2 mos. 6 ds.

Where was disease contracted, if not at place of death? Ridgely Caroline Co. Md

Former or usual residence Ridgely, Caroline Co. Md

19-PLACE OF BURIAL OR REMOVAL, Downes Station Caroline Co. Md. DATE OF BURIAL, June 9 1916

20-UNDERTAKER C. W. Leinbach & Son ADDRESS 647 11 Platt

HEALTH DEPARTMENT---CITY OF BALTIMORE

C95708

HEALTH DEPARTMENT---CITY OF BALTIMORE

28

C95708

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 741 Ramsay St. ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Mincher

(Residence in Baltimore: No. 741 Ramsay St. 20 yrs. 7 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: October (Month) 8 (Day), 1895 (Year)

7-AGE: 20 yrs. 7 mos. 30 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balt md

PARENTS

10-NAME OF FATHER: August Hoff

11-BIRTHPLACE OF FATHER (State or country): Balt md

12-MAIDEN NAME OF MOTHER: Marie Trabandt

13-BIRTHPLACE OF MOTHER (State or country): Balt md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs L Hoff

(Address) 741 Ramsay st

15- Filed JUN 8 - 1916, 191 — HARRY C. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24, 1916, to June 7 1916, that I saw h.. alive on June 6 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs ..... mos. 12 ds.

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) C. Harry Bond M. D.

June 8, 1916 [Address] 632 Cathedral

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: June 10, 1916

20-UNDERTAKER: Geo Lewinbach & Son — ADDRESS: 627 W Baltimore

TION is very important. See instructions on back of certificate.

C95709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56

C95709

PLACE OF DEATH

CITY OF BALTIMORE (No. 1112 Bond alley. ST.: 18 WARD)

FULL NAME Charles Rideal

(Residence in Baltimore: No. 1112 Bond alley

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., 0 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Dont Know, 1 (Month) (Day) (Year)

7-AGE, 74 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Dont Know

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva Hall

(Address) 1112 Bond alley

15- Filed JUN 9 - 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Fred Edw Smack M. D. (Coroner)

June 8 191 6 (Address) 90 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem

DATE OF BURIAL, June 9, 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 235 Fine st

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95710 — 64 — C95710

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1958 Walbrook Ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel A. Peacock.

(Residence in Baltimore: No. 1952 Walbrook Ave St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... August ..... 21 ....., 1841.
(Month) (Day) (Year)

7-AGE, ... 74 ..... yrs. 9 ..... mos. 7 ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Fireman .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired .....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, James Peacock.

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Kate Staley

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daughter

(Address) 1952 Walbrook Ave

15- Filed JUN 9 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 8 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest .....
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said ..... I .....
(Inquest, autopsy or inquiry.)
find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Apoplexy .....
..... a Few Minutes .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Arterio Sclerosis .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... J. Whitehorn ..... M. D.
(Coroner.)

June 8, 1916. (Address) ..... 819 N Carlton Ave .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ..... None .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden

DATE OF BURIAL, June 11., 1916

20-UNDERTAKER Chas E. Francis

ADDRESS 802 Madison Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95711 30 C95711

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 22 WARD)
REGISTERED NO. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Crispino
(Residence in Baltimore: No. 34 E. Henrietta St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 27 (Day), 1892 (Year)

7-AGE, 23 yrs. 5 mos. 11 ds.
If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Storekeeper

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Salvatore Crispino
11-BIRTHPLACE OF FATHER (State or Country), Italy
12-MAIDEN NAME OF MOTHER Josephine Zito.
13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank Crispino
(Address) 34 E. Henrietta st

15- JUN 9 - 1916 [illegible] KRAUSE, Burial Permit Clerk
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to June 7 1916, that I saw h[illegible] alive on June 7 1916, and that death occurred on the date stated above, at 4 32 p. m.

The CAUSE OF DEATH* was as follows:
Tuberculosis pneumonitis
(Duration) 2 yrs. mos. ds.
CONTRIBUTORY Impreudica
(Secondary)
(Duration) yrs. mos. 7 ds.
(Signed) C. H. Cochran M. D.
June 9, 1916. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. — mos. 19 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? 34 E. Henrietta
Former or usual residence 34 E. Henrietta

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery. DATE OF BURIAL, June 10 1916
20-UNDERTAKER F. A. Krause ADDRESS 703 Hanover

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

095712 × 115 095712

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St. 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George T. Pritchard

(Residence in Baltimore: No. Church Home & Infirmary St.: ....yrs., ...mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Divorced

6-DATE OF BIRTH, January 5, 1854.
(Month) (Day) (Year)

7-AGE, 62 yrs. 5 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Sam'l Pritchard

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Mont Rann

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm T. Pritchard

(Address) 2606 Pt. Street

15. Filed JUN 9 - 1916, 191.... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7th, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 2 1916, to June 7 1916, that I saw him alive on June 7 1916, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Gall Bladder adherence
Gall Bladder duodenal Fistula
Sub phrenic abscess (Operation)
..... (Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac arthenia
a.f.c. fatty viscera (Duration) ~ yrs. ....mos. 2 ds.

(Signed) W W Peter M. D.

June 7, 1916. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State 62 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Back River Md

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, June 10, 191.6

20. UNDERTAKER H. H. J. Sturm ADDRESS 1472 N. Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95713

CERTIFICATE OF DEATH.

28 C95713

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1320 Union Ave, St.; 13 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie A. Lutz

(Residence in Baltimore: No. 1320 Union Ave, St.; 11 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Jan. (Month) 12 (Day), 1899 (Year)

7-AGE, 19 yrs. 4 mos. 26 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Wm. H. Krout

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Mary J. Arwig

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Chas. O. Lutz

(Address) 1320 Union Ave

15- JUN 9 - 1916 191.. ROBERT . KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17 1915, to June 7th 1916, that I saw h.. alive on June 5th 1916, and that death occurred, on the date stated above, at 11 30P m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis

..... (Duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) —

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

June 8th 191.6 (Address) 17 E. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Mary's (Hampden) | DATE OF BURIAL, June 10, 1916

20-UNDERTAKER Horace Burgeerson | ADDRESS 3631 Falls Rd.

C95714

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C95714

CERTIFICATE OF DEATH.

79

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 925 W. 40th St.; 13 WARD)
2 FULL NAME Mary R. Watson
(Residence in Baltimore: No. 3817 Roland Ave, St.; yrs. 2 mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married
6-DATE OF BIRTH: June 13, 1859 (Month) (Day) (Year)
7-AGE: 56 yrs. 11 mos. 26 ds.
If LESS than 1 day, ...hrs. or ....min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
9-BIRTHPLACE, (State or Country): Baltimore Co Md

PARENTS.

10-NAME OF FATHER: Henry Noonan
11-BIRTHPLACE OF FATHER (State or Country): Ireland
12-MAIDEN NAME OF MOTHER: Ann Lindeman
13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Harrison Watson
(Address) 3817 Roland Ave

15- Filed JUN 9 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June 8, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Lincoln Jones M. D.
(Coroner)
June 9 1916 (Address) 3632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: St. Mary's Hampden | DATE OF BURIAL: June 11 1916
20-UNDERTAKER: Horace Burgerson | ADDRESS 353 Fall Rd

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95715

CERTIFICATE OF DEATH.

109 C95715

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abbie Gaskins

(Residence in Baltimore; No. 1627 N. Vincent St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored.	Married

6-DATE OF BIRTH, unknown, 1875
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
41 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establisument in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clark

(Address) 1100 Madison

15- JUN 9 - 1916 Filed, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1916, to June 8 1916, that I saw her alive on June 8 1916, and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:
Tuberculosis Obstruction

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Stricture of Rectum

(Duration) unknown yrs. mos. ds.

(Signed) D. V. Chas. Clark M. D.

June 9, 1916 (Address) 1310 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence unknown

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	June 12, 1916
20-UNDERTAKER Wm. R. Chaltas	ADDRESS 1100 Madison Ave

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95716 28 C95716

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 314 Bruce ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Chinn

(Residence in Baltimore: No. 314 Bruce St.; 26 yrs., 7 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, October 28, 1889
(Month) (Day) (Year)

7-AGE, 26 yrs. 7 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Own home.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Bagwell

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Dolly Hill

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Bagwell

(Address) 314 N. Bruce St

15- JUN 9 - 1916 ROBERT KRAUTER, Special Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 19 1916, to June 6 1916, that I saw h.. alive on June 6 1916 and that death occurred, on the date stated above, at 2.10 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Magruder M. D.

June 6, 1916 (Address) 1209 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill — DATE OF BURIAL, 6/9/..., 1916

20-UNDERTAKER, Samuel Stanley — ADDRESS 578 N. Bond

Spec.—8-24-14—M. & T.—2000 Bks.

C95717

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95717

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. General Hospital 14 WARD)
REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Prater

(Residence in Baltimore: No. 536 Robert St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1896 (Year)

7-AGE, 20 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John Prater.

11-BIRTHPLACE OF FATHER (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John Thair

(Address) Laurel Md.

15-JUN 9 - 1916 ROBERT . KRAUTER
Filed ..... 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7, 1916, to June 8 1916, that I saw her alive on June 8, 1916, and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
Intussusception
Adhesions (Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Elmer Mackenzie M. D.

6-8, 1916 (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 536 Robert St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Maryland — DATE OF BURIAL, June 9, 1916

20-UNDERTAKER Geo. A. Gerber — ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~95718~~ 95718 ~~95718~~

REGISTERED No. C 78

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertie Gaylord

(Residence in Baltimore: No. 257 East St. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Jan 2, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 8 ds. If LESS than 1 day, ... hrs. or ... mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Julius Gaylord
11-BIRTHPLACE OF FATHER (State or Country), Russia
12-MAIDEN NAME OF MOTHER Lena Zisland
13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Record Mercy Hosp
(Address) Eutaw & Lee

15- Filed JUN 9 - 1916, 191... ROBERT . KRAUTH, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to June 9 1916, that I saw h[illegible] alive on June 9 1916, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:
Acute Endocarditis
Ulcer
(Duration) ... yrs. 1 mos. ... ds.
CONTRIBUTORY (Secondary) Pulmonary Infarct
(Duration) ... yrs. ... mos. 7 ds.

(Signed) Edward D. Smith M. D.
June 9, 191 6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 7 ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? 257 East St.
Former or usual residence 257 East St.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet
DATE OF BURIAL, 6/9, 191...

20-UNDERTAKER Jack Lewis
ADDRESS E Balto St

C95719

Miscaferenska

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95719

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 419 Fifth Hospital St.; V WARD)

REGISTERED No. C 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ignacy Miscaferenska

(Residence in Baltimore: No. 1620 Thames St; 10 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, ..Dec.. ..Dayed.. 1899
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
17 yrs. ..mos. ..ds.	..hrs. or..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..Cigar Maker..
(b) General nature of industry, business, or establishment in which employed (or employer) ..Factory..

9-BIRTHPLACE, (State or Country), Russia Poland,

PARENTS.

10-NAME OF FATHER, Mikolaj Miscaferenska

11-BIRTHPLACE OF FATHER (State or Country) Russia Poland,

12-MAIDEN NAME OF MOTHER Helonia Zoranda

13-BIRTHPLACE OF MOTHER (State or Country) Russ Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Krenek

(Address) 1620 Thames St

15 Filed JUN 9 - 1916, 191.. ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..June.. 5, 191..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..Inquest.. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..Inquest.. (Inquest, autopsy or inquiry.) find that said deceased came to ..death on the day stated above.

The CAUSE OF DEATH* was as follows:

..Traumatism; Kidney
..Carbuncle..
.. (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) ..
.. (Duration) ..yrs. ..mos. ..ds.

(Signed) ..J. H. Feustel.. M. D.
(Coroner.)
.., 191.. (Address) ..N. Dearborn St..

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..one hour mos. ..ds. In the State 10 yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? ..Baltimore..

Former or usual residence ..

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary Cem	June 10, 1916

20-UNDERTAKER	ADDRESS
Jacob Trallowski	428 S. Bond St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95720 HEALTH DEPARTMENT—CITY OF BALTIMORE C95720

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 403 S. Washington ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edmund J. Skwirut.

(Residence in Baltimore: No. 403 S. Washington St. St.; ....yrs., 5 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan (Month) 21 (Day), 1915 (Year)

7-AGE, ...yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thadeus Skwirut

11-BIRTHPLACE OF FATHER (State or Country), Galicia Austria

12-MAIDEN NAME OF MOTHER Mary Wosik

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thadeus Skwirut

(Address) 403 S. Washington

15- Filed JUN 9 - 1916, 191.. ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916, to June 8 1916, that I saw h— alive on June 8 1916, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

~~Acute~~ Broncho Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Waldenstein M. D.

June 8, 191 6 (Address) 1615 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, June 9, 1916

20-UNDERTAKER M. Fialkowski

ADDRESS 168 Eastern Ave.

C95721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH — REGISTERED NO. C 95721

CITY OF BALTIMORE (No. 301 N. Parrish ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Susan Johnson Smith.

(Residence in Baltimore: No. 301 N. Parrish St.; yrs., 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	married

6-DATE OF BIRTH, Don't know, 1 (Month) (Day) (Year)

7-AGE	If LESS than 1 day, ...hrs. or....min.?
46 yrs. ....mos. ....ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), a. a. Co. Md.

PARENTS.

10-NAME OF FATHER, James Owens

11-BIRTHPLACE OF FATHER (State or Country) a. a. Co. Md.

12-MAIDEN NAME OF MOTHER Alice Oakes.

13-BIRTHPLACE OF MOTHER (State or Country), a. a Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Taylor

(Address) 301 Parrish St.

15- Filed JUN 9 - 1916, 191 . KRAUTH, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bright's disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. E. Smith (Coroner) M. D.

June 9 1916 (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	June ., 19..
20-UNDERTAKER	ADDRESS
Sam'l Toad & Son	Westminster

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95722 HEALTH DEPARTMENT—CITY OF BALTIMORE C95722

CERTIFICATE OF DEATH. 81

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 N. Maryland Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Pollock

(Residence in Baltimore: No. 616 N Maryland Ave St.; 65 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 2 (Day), 1839 (Year)

7-AGE, 77 yrs. 1 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Pollmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Maria Lauman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Pollock

(Address) 616 N. Maryland Ave

15- Filed JUN 10 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 10th, 1915, to June 7th 1916, that I saw h~~e~~r alive on June 6th 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 6 mos. ds.

(Signed) Albert E. Bingham M. D.

6/7, 191.6 (Address) 1 W. Mt. Vernon Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Evergreen Cemetery DATE OF BURIAL, June 11., 1916

20-UNDERTAKER Christian Miller ADDRESS 2338 Jefferson

C95723

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95723

CERTIFICATE OF DEATH.

186

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Presbyterian Hosp. or Usual Residence) STREET 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalia Polazynska

(Residence in Baltimore: No. 205 S Regester St

St. 24 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1875 (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE ~~TO~~ TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Polazynska,

(Address) 205 S. Regester St

15-

Filed JUN 10 1916, 191.

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) medicalen find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Accident) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Following shock of top fall from Lamp (Duration) yrs. mos. ds.

(Signed) Herman Synn (Coroner.) M. D.

June 8, 191.6 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 24 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 205 S Regester St

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus, DATE OF BURIAL, June 12, 1916

20-UNDERTAKER M. F. Sadowski, ADDRESS 905 S

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

695724

CERTIFICATE OF DEATH.

695724

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 224 Myrtle Ave, ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael A. Pieger

(Residence in Baltimore: No. 224 Myrtle Ave, St.; Yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male, | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August 5, 1875
(Month) (Day) (Year)

7-AGE, 40 yrs. 10 mos. 4 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Expressman,
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, John Pieger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Wernsdorfer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Pieger

(Address) 224 Myrtle Ave

15- JUN 10 1916 HARRY C. ARNOLD

Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart trouble and Interstitial Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert D. Driscoll M. D.
(Coroner.)

June 8, 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Holy Redeemer Cem. | DATE OF BURIAL, June 12 1916

20-UNDERTAKER Nalley W. Ehlen | ADDRESS 1944 N. North Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95725 151 C95725

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2446 Buchanan ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Wm & Lillian Hicks

(Residence in Baltimore: No. 2446 Buchanan St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, col

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, June (Month) 8 (Day), 1916 (Year).

7-AGE, 7m. foetal 4 mos. (yrs.....mos.....ds.)

If LESS than 1 day, 4 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. Hicks

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lillian Seabert

13-BIRTHPLACE OF MOTHER (State or Country), S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Hicks

(Address) 2446 Buchanan St

15- JUN 10 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1916, to June 8 1916, that I saw h im alive on June 8 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Immature at birth

7m. foetal immature

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Wm. H. Pearce M. D.

June 9, 1916. (Address) 2105 Clay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel County — DATE OF BURIAL, June 10, 1916.

20-UNDERTAKER F. Ehl & Bro — ADDRESS 102 E. Madison St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95726

CERTIFICATE OF DEATH.

151 C95726

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Maryland Gen. Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Helen Murdock

(Residence in Baltimore: No. 940 Mason St.; ..... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 4th, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 4 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland Gen. Hospital

PARENTS.

10-NAME OF FATHER, Edgar Cornish

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Helen Murdock

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-
Filed JUN 10 1916, 191..... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4th 191 6, to June 8th 191 6, that I saw h.im alive on June 7th 191 6, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

(a) .....
Prematurity
.....
(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Newcomer M. D.

6—8—, 191 6 (Address) Md General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL, ..., 191...

20-UNDERTAKER .....

ADDRESS .....

COLLEGE OF P. & S. JUN 9 - 1916

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95727 C95727

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Falk

(Residence in Baltimore: No. 1825 Light St St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, October 18, 1847
(Month) (Day) (Year)

7-AGE, 68 yrs. 7 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Casmir Falk

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Edelman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- Filed JUN 10 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 191 6, to June 6 191 6, that I saw h alive on June 6 191 6, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

..... Chronic nephritis .....

..... (Duration) ? yrs. ? mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial insuff

..... (Duration) ? yrs. ? mos. ..... ds.

(Signed) C. P. Mason M. D.

June 7 191... (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 21 ds. In the State 20 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1825 Light St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem Pgh | DATE OF BURIAL, June 10, 1916

20-UNDERTAKER Wm J. Ward Sons | ADDRESS 1425 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95728 C95728

CERTIFICATE OF DEATH.

60

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.: 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dee Lam

(Residence in Baltimore: No. 1428 Covington St. St.; 20 yrs., 6 mos. 2 Cds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Dec 12, 1895 (Month) (Day) (Year)

7-AGE. 20 yrs. 5 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. machinist
(b) General nature of industry, business, or establishment in which employed (or employer). B & O R R Co

9-BIRTHPLACE, (State or Country). Balto Maryland.

PARENTS.

10-NAME OF FATHER. Burdett Durham

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Scharlet Lancaster

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Durham

(Address) 1120 E Fort Ave

15. JUN 10 1916 Filed..... 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 7, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3 1916, to June 7 1916, that I saw h[illegible] alive on June 7 1916 and that death occurred, on the date stated above, at 5:28 p.m.

The CAUSE OF DEATH* was as follows:

Brain Abscess

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis of Respiratory Centers

(Duration) 1 hr. mos. ds.

(Signed) Edward L. Smith M. D.

June 7 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 6 yrs. 1 mos. ..... ds.

Where was disease contracted, if not at place of death? 1428 Covington St

Former or usual residence 1428 Covington St

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill Cem. DATE OF BURIAL. June 10, 1916

20-UNDERTAKER Wm. J. Evans & Sons ADDRESS 1428 E Chase St

18

C95729

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C95729

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N. Monroe St. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Goudy

(Residence in Baltimore: No. 5 N. Monroe St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month) ..... (Day), 1851 (Year)

7-AGE: 65 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Goudy Billing Co

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Jonathan Goudy

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Susan David

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Kolb

(Address) 5 N Monroe St

JUN 10 1916
Filed ....., 191 .....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 7, 1916. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to, June 7, 1916, that I saw him alive on June 7, 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(Duration) 1 yr. ..... mos. ..... ds.

Contributory (SECONDARY) Chronic interstetical Nephritis

(Duration) ..... yrs. dont know mos. ..... ds.

(Signed) E. A. Dickey M. D.

June 8, 1916. [Address] 14 N. Monroe St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery DATE OF BURIAL: JUN 10 1916

20-UNDERTAKER: Geo A Gerbig ADDRESS: Bacon Lafayette Sts

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks

Spec.—8-24-14—M. & T.—2000 Bks.

C95730

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95730

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 N Baltimore ST.; 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Elizabeth Haupt.

(Residence in Baltimore: No. 1329 N Baltimore St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Dec. 3, 1849
(Month) (Day) (Year)

7-AGE, 66 yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home wife Milliner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore City.

PARENTS.

10-NAME OF FATHER, Thomas Grayson

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Davison

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Jacob Haupt.....

(Address)..1239 N. Baltimore St.....

15- JUN 10 1916 HARRY C. ANDREWS
Filed....., 191.....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1916, to June 8 1916, that I saw h.. alive on June 7 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Intestine
Causal to Sarcoma
(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Toxic Condition from Sepsis (Duration) yrs. mos. ds.

(Signed) John T. Crane M. D.

101 (Address) 101 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 12th, 1916.

20-UNDERTAKER C. Schlosman & Son ADDRESS 1039 Monroe St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95731

CERTIFICATE OF DEATH.

79 C95731

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Leadenhall St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phoebe Jackson

(Residence in Baltimore: No. 923 Leadenhall St.; 55 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day), 1861. (Year)

7-AGE, ... 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework.....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Richmond Co. Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Jackson

(Address) 923 Leadenhall St

15- Filed JUN 10 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) ..... 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1916, to June 8 1916, that I saw her alive on June 7 1916, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows: Cardiac Dilation Collapse

..... (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) C. A. Fowler M. D.

June 8, 1916. (Address) 742 S. Sharp St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cem. | DATE OF BURIAL, June 11, 1916

20-UNDERTAKER John H. Foadvin | ADDRESS 142 N. Hill St.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—6-19-13—M. & T.—500 Bks.

095732

HEALTH DEPARTMENT—CITY OF BALTIMORE

095732

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 N Carey ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia E. Theresmas

(Residence in Baltimore: No. 222 N Carey. St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 9, 1847
(Month) (Day) (Year)

7-AGE, 68 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Melkem

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas E. Schifsley

(Address) 222 N. Carey St.

15- JUN 10 1916 MARY V. ATKINSON Burial Permit Clerk

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20th 1916, to June 7th 1916, that I saw her alive on June 7th 1916, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 1 ds.

(Signed) W. H. Hagen M. D.

June 9th, 1916. (Address) 1422 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, June 10, 1916.

20-UNDERTAKER J. J. & W. G. Flynn

ADDRESS 1422 Light St.

095733

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95733

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C95733

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1735 E. Chase St. ; WARD) 23

2-FULL NAME Hans C. Caldwell

(Residence in Baltimore: No. 1736 E. Chase St. ; St.: 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1866 (Year)

7-AGE: 50 yrs. mos. ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, of particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Chas A. Caldwell

11-BIRTHPLACE OF FATHER (State or country): New York

12-MAIDEN NAME OF MOTHER: Rachel Johnson

13-BIRTHPLACE OF MOTHER (State or country): Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Caldwell

(Address) 736 E. Chase St

JUN 10 1916 Filed ....., 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1916, to June 6 1916, that I saw h-e- alive on June 6, 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas E. Bond M. D.

6/8, 1916 (Address) 1412 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem | DATE OF BURIAL: June 10, 1916

20-UNDERTAKER: [illegible] | ADDRESS: 318 [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

095734

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

095734

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 N. Eutaw St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME E. Clinton Bull

(Residence in Baltimore: No. 1026 N. Eutaw St.; 31 yrs. 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: April (Month) 4 (Day) 1885 (Year)

7-AGE: 31 yrs. 2 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Street Car Conductor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Charles H. Bull

11-BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

12-MAIDEN NAME OF MOTHER: Margaret A. Wright

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Bull

(Address) 306 E. Lafayette Ave

JUN 10 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to, June 8 1916, that I saw him alive on June 8 1916, and that death occurred, on the date stated above, at 8.15 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs 1 mos. 21 ds.

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), H. C. Pettelcan M. D.

June 8 ....., 1916 [Address] 817 Hamilton Terrace

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos. ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: June 11th 1916

20-UNDERTAKER: George Schilling & Sons

ADDRESS: 1100 E. Monument St

TION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 C95735

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2829 Guilford Ave. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary R. Elbert

(Residence in Baltimore: No. 2829 Guilford Ave. St. 60 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. Jan. 20, 1838 (Month) (Day) (Year)

7-AGE. 78 yrs. 4 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Germany

PARENTS:

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora L. Stewart

Address 2827 Guilford

15- JUN 10 1916 191 HARRY J. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Old Age.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Lee Morrison M. D. (Correct)

June 9 1916 (Address) 1362 Rutland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, June 12th 1916

20-UNDERTAKER George Schulting & Sons

ADDRESS 1126 E Monument

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95736

CERTIFICATE OF DEATH.

28 C95736

1-PLACE OF DEATH St Frances Convent. REGISTERED No. C.....

CITY OF BALTIMORE: (No. Forrest & Chase ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister Louise Bailey

(Residence in Baltimore: No. Forrest & Chase St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... June ..... (Month) ..... (Day), 1890 (Year)

7-AGE,	If LESS than 1 day,
26 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)..... St Frances Convent

9-BIRTHPLACE, (State or Country), Evanston Ill.

PARENTS.

10-NAME OF FATHER, Robert Bailey

11-BIRTHPLACE OF FATHER (State or Country), Ill.

12-MAIDEN NAME OF MOTHER Louise Dodge

13-BIRTHPLACE OF MOTHER (State or Country), St. Louis Mo.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother M. Frances

(Address) St Frances Convent Forrest & Chase Sts

15. JUN 10 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1915, to June 1916, that I saw her alive on June 5 1916, and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

.....

.....Pulmonary Tuberculosis

..... (Duration) 1 yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mary F. Voegtlem M. D.

June 9., 1916. (Address) 1028 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Leakhead County	June 10, 1916.
20-UNDERTAKER	ADDRESS
Felix B Pyk	1102 E Monument

William A Prichard

William A Prichard

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95737 C95737

CERTIFICATE OF DEATH.

79

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1626 N Fulton · St.; 8 WARD)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William A. Prichard

(Residence in Baltimore: No. 1626 N Fulton St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June 5, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Flagman
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad Train

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William F. Prichard

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Christiana Rowburn

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah

(Address) 1626 N Fulton

15- Filed JUN 10 1916, 191. ROBERT , KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis Fatty Heart
Chronic Interstitial Nephritis
Edema
Contributory Valvular Disease of Heart (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) C. W. Wallstein M. D.
(Coroner)
June 8, 1916. (Address) 826 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Aberdeen Md. DATE OF BURIAL, June 10 1916

20-UNDERTAKER A. Bruno Jr. ADDRESS Norman

important. See instructions on back of certificate.

C95738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C95738

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 635 W. Lee ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georg F Prechtel.

(Residence in Baltimore: No. 635 W. Lee. St.: yrs., 65 mos. ~~dys.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, December 21, 1832
(Month) (Day) (Year)

7-AGE, 83 yrs. 5 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Cooper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country) Don't know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Georg Debel (daughter)

(Address) 1217 S Lancaster St

15- JUN 10 1916 ROBERT KRAUTER,
Filed....., 191..... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Disease of the Heart

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Otto M Bernhardt M. D.
(Coroner.)
June 8, 1916 (Address) 1015 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 11 1916

20-UNDERTAKER W J Tuckerman

ADDRESS north Penn ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95739

CERTIFICATE OF DEATH.

165

REGISTERED NO. C 95739

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie R. Keith

(Residence in Baltimore: No. 412 N. Brice St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Nov 4 (Month), (Day), 1872 (Year)

7-AGE. 43 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Geo Stansbury

11-BIRTHPLACE OF FATHER (State or Country). md

12-MAIDEN NAME OF MOTHER Cora G Frazier

13-BIRTHPLACE OF MOTHER (State or Country). md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose A Stansbury

(Address) 412 N Brice St

15- Filed JUN 10 1916 101 ROBERT J. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8, 1916, to June 9, 1916, that I saw her alive on June 9 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicaemia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bitten by insect on face

(Duration) yrs. mos. ds.

(Signed) Charles Hawkins M. D.

6-7-, 191.6 (Address) md. General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 412 N. Brice St.

Former or usual residence 412 N. Brice St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery DATE OF BURIAL, June 13 191.6

20-UNDERTAKER H. C. Turner ADDRESS 1442 W Balt

(Over)

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95740

CERTIFICATE OF DEATH.

41 C95740

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah B. Beal

(Residence in Baltimore: No. 1410 S Lanvale St. St. 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem. | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 15 (Month) (Day), 1860 (Year)

7-AGE, 56 yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Salem New Jersey

PARENTS.

10-NAME OF FATHER, John L. Forrest

11-BIRTHPLACE OF FATHER (State or Country). Salem N J

12-MAIDEN NAME OF MOTHER Meyer

13-BIRTHPLACE OF MOTHER (State or Country), Salem N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Beal

(Address) 1410 S Lanvale St.

15- JUN 10 1916 Filed ..., 191.. ROBERT . . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1916, to June 8 1916, that I saw h er alive on June 8 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum
Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. J. Donnelly M. D.

June 8, 1916 (Address) 107 S. Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. | DATE OF BURIAL, June 12, 191 6

20-UNDERTAKER Robt J Turner | ADDRESS 1724 Bway

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~095741~~ 8 × 28 095741

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: Steamship Frontera

CITY OF BALTIMORE (No. Woodalls Ship Yard. St.: 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Francisco Perez.

(Residence in Baltimore: No. Woodalls Ship Yard foot of Woodall St.; ~~yrs.~~ ~~mos.~~ 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Don't know, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
24 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabin Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS.

9-BIRTHPLACE, (State or Country), Tarsco, Tabasca Mexico

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country), Don't know

12-MAIDEN NAME OF MOTHER, Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm D Cofsland

(Address) Hotel Raleigh

15- FILED JUN 10 1916 ROBERT F. KRAUTER, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Leonhardt M. D. (Coroner.)

June 9, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Tarsco Tabasca Mexico

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto. Cem.	June 10 1916
20-UNDERTAKER Wm H. Black	ADDRESS Catonsville

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

95742 | 91 | 95742

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3/2 Bethel Ct ST. 6 WARD)

2 FULL NAME Charles Ballard.

(Residence in Baltimore: No. 3/2 Bethel Ct ST.) 41 yrs. 4 mos. 14 ds.)

REGISTERED No. C 95742

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: January 26, 1875 (Month) (Day) (Year)

7 AGE: 41 yrs. 4 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Schmeds Wine Room

9 BIRTHPLACE (State or country): Balto City.

PARENTS

10 NAME OF FATHER: Wm Ballard.

11 BIRTHPLACE OF FATHER (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Mary Cook.

13 BIRTHPLACE OF MOTHER (State or country): Balto City.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. E. Ballard.

(Address) 939 Druid Hill Ave

15 FILED JUN 10 1916 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 8th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1916, to June 7 1916, that I saw h[illegible] alive on June 7th, 1916, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia.

(Duration) — yrs. — mos. 4 ds

Contributory (SECONDARY) Pernicious Asthma

(Duration) 2 yrs. — mos. — ds.

(Signed) H. J. Saunders M. D.

June 8th, 1916 (Address) 719 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: 6/11, 1916

20 UNDERTAKER: Samuel J. Smedley ADDRESS: 578 N. Eden

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95743 C95743

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Argyle Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie Cain

(Residence in Baltimore: No. 1113 Argyle Ave St.; 39 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., 1871
(Month) (Day) (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House work
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jacob Proctor

11-BIRTHPLACE OF FATHER (State or Country), Savannah Ga.

12-MAIDEN NAME OF MOTHER Carrie McElroy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Cain

(Address) 1113 Argyle Ave

15-

Filed JUN 10 1916, 191.. ROBERT KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June — 7 —, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25 1916, to June 6th 1916, that I saw h[illegible] alive on June 6 1916, and that death occurred, on the date stated above, at 8½ a.m.

The CAUSE OF DEATH was as follows:

Acute Endocarditis

Acute Rheumatism 3

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) S. Benson Hensley M. D.

June 9, 191.. (Address) 1113 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	6/11/16, 191..
20-UNDERTAKER Saml L Hensley	ADDRESS 5 E Biddle St

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95744

CERTIFICATE OF DEATH

C95744

REGISTERED No. C 1179

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1419 Eutaw Place St.: ... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick William Hamilton Murrell

(Residence in Baltimore: No. 1419 Eutaw Place St.: 5 yrs. ... mos. ... ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: June 15th 1862

(Month) June (Day) 15 (Year) 1862

7 AGE: 53 yrs. 11 mos. 24 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Shipowner
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Colchester - Essex England

PARENTS

10 NAME OF FATHER: Frederick Murrell

11 BIRTHPLACE OF FATHER (State or country): Ebrenal England

12 MAIDEN NAME OF MOTHER: Catherine Chapman

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary C. Murrell

(Address) 1419 Eutaw Place

15 JUN 10 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 9th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1916, to June 9 1916, that I saw him alive on June 9th, 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
Dilated Left Ventricle

Duration: ... yrs. 6 mos. ... ds

Contributory (SECONDARY)

Duration: ... yrs. ... mos. ... ds.

(Signed) Thos. P. McCormick M. D.

June 9th, 1916. (Address) 1421 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: June 11, 1916

20 UNDERTAKER: McLean & Jones

ADDRESS: 833 Linden Ave

BALTIMORE CITY. : ss

I, Thomas P. McCormick, M. D., of Baltimore City, State of Maryland, do hereby certify that on or about June 9th, 1916, I reported to the Department of Health of the City of Baltimore, State of Maryland, the death of Frederick William Hamilton Murrell, who died June 9th, 1916 ; and I do further certify that in reporting the said death to the Department of Health of the City of Baltimore aforesaid, I inadvertently and by mistake reported the name of the deceased as "Franklin" Frederick Hamilton Murrell", whereas I should have reported the name of the deceased as "Frederick William Hamilton Murrell", which said last mentioned name I do further certify is the true and correct name of the said deceased, to the best of my knowledge and belief.

Thos P McCormick

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95745 104 C95745

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 N. Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Mitchell

(Residence in Baltimore: No. 806 N. Lombard. St.; 9/12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, March 22, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Joseph Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Veronica Sjawicz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Mitchell

(Address) 806 N. Lombard st.

15- Filed JUN 10 1916 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19 1916, to June 7 1916, that I saw h— alive on May 7 1916, and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Intestinal Indigestion

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(Duration) yrs. mos. 1 ds.

(Signed) E. J. Cruciani M. D.

June 9, 1916. (Address) 24 N. Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 10, 1916.

20-UNDERTAKER John Grebinevas — ADDRESS 500 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95746

Spec.—8-24-14—M. & T.—2000 Bks.

C95746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95746

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 E. 31st St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel F. Reisenweber

(Residence in Baltimore: No. 2028 E. 31st St.; Life yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. 3rd, 1887. (Month) (Day) (Year)

7-AGE, 29 yrs. 5 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Attorney
(b) General nature of industry, business, or establishment in which employed (or employer): at Law

9-BIRTHPLACE, (State or Country), City Balto.

PARENTS.

10-NAME OF FATHER, Henry Reisenweber

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dorothea Sommerweck

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Reisenweber

(Address) 2028 E. 31st St.

15- JUN 10 1916 Filed....., 191... ROBERT . KRAUTER Sub. Dist. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1915, to June 8 1916, that I saw h[illegible] alive on Jun 8 1916, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac failure

..... (Duration) 1 yrs. ....mos. ....ds.

(Signed) Louis Gross M. D.

June 9, 1916. (Address) 1508 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine

DATE OF BURIAL, June 11, 1916

20-UNDERTAKER Philip Hering

ADDRESS 2016 Orleans

C95747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C95747

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 914 S. Carey ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry W. Werner.

(Residence in Baltimore: No. 914 S. Carey St.; yrs., 53 mos. 5 ds. 11)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ..Dec.. (Month) 29 (Day), 1862 (Year)

7-AGE, 53 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..Jewelry

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Werner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Bipp.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Henry Werner

(Address) 914 S. Carey.

15-
FILED JUN 10 1916, 191.. ROBERT KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..June.. (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..Inquiry.. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) H. C. Smith M. D. (Coroner)

6/9 1916 (Address) 210 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, June 12, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E Balto St

CAUSE OF DEATH to be filled in plainly; important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95748

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95748

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Wetzel

(Residence in Baltimore: No. 837 Hollins St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 17, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs.....mos. 75 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Earle Poole

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Virgie Wetzel

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gilmour jr MD

(Address).....

15-Filed JUN 10 1916 191.. Burial Permit Issued ROBERT KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1916, to June 5 1916, that I saw her alive on June 5 1916, and that death occurred, on the date stated above, at 11-0 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs.....mos. 75 ds.

CONTRIBUTORY (Secondary) Transitow

(Duration) ....yrs.....mos. 75 ds.

(Signed) John G Gilmour jr M. D.

June 5, 1916 (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs.....mos. 75 ds. In the State ....yrs.....mos. 75 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 837 Hollins St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
HOPKINS HOSPITAL	JUN 9 - 1916, 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health,

FOR ANATOMICAL PURPOSES

Ernest Butler

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95749 28 95749

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1040 W. Lexington ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ernest Butler

(Residence in Baltimore: No. 1040 W. Lexington St.; yrs., Lyod ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 7, 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. 3 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grocer

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Willis Bruter

11-BIRTHPLACE OF FATHER (State or Country). Dont Know

12-MAIDEN NAME OF MOTHER, Bruter Rawson

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bettie Rawson

(Address) 1040 W. Lexington st

15- JUN 10 1916 Filed....., 191.... ROBERT . BRAUTER, Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) 5 yrs. mos. ds.

(Signed) H. O. Smith M. D.
(Coroner)

June 9, 1916 (Address) 910 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	June 13 1916
20-UNDERTAKER	ADDRESS 306 N
Hilbert Brown	Mount st

important. See instructions on back of certificate.

C95750

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C95750

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1363 Wheatcroft St. REGISTERED No. C ..... St.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ardena Brown

(Residence in Baltimore: No. 1363 Wheatcroft St St.: 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col.

5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown (Month), 1 (Day) (Year)

7 AGE: 3 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Isaac Brown

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Rena Diggs

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Reina Diggs

(Address) 1363 Wheatcroft St

15 Filed JUN 10 1916 ROBERT P. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 8 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1916, to June 8 1916.

that I saw h[illegible] alive on June 3, 1916.

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. McCarty M. D.

June 9, 1916 (Address) City medical agency

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: June 11, 1916

20 UNDERTAKER: Willett Brown — ADDRESS: 306 N. Mount St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

095751

HEALTH DEPARTMENT—CITY OF BALTIMORE

095751

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 601 N. Gilmor ST.; 15 WARD)

2-FULL NAME Mary A. Zile

Residence in Baltimore: No. 601 N. Gilmor St

St.; 73 yrs. 10 mos. 8 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 30, 1842 (Month) (Day) (Year)

7-AGE, 73 yrs. 10 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: House Work (b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto Md.

10-NAME OF FATHER, Lewis Hoff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hannah Myers

13-BIRTHPLACE OF MOTHER (State or Country), Pa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Zile

(Address) 1601 N. Gilmor

NORBERT F. KRAUTER

JUN 10 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1916, to June 8 1916, that I saw h[illegible] alive on June 8 1916, and that death occurred, on the date stated above, at 11 45 p.m.-

The CAUSE OF DEATH* was as follows:

I. Pulmonary Tuberculosis of 4 Yrs

Asthenia Exhaustion of Disease

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. F. Guy M. D.

June 9, 1916 (Address) 624 N. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, June 12, 1916

20-UNDERTAKER W. W. Courtenay

ADDRESS 230 N. Green

Spec.—5-19-13—M. & T.—500 Bks.

095752

HEALTH DEPARTMENT—CITY OF BALTIMORE

095752

Spec.—5-19-13—M. & T.—500 Bks.

C95752

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95752

CERTIFICATE OF DEATH.

31

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2237 Ramsay ST.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte V. Nichols

(Residence in Baltimore: No. 2237 Ramsay St.: 71 yrs. 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, October (Month) 15th (Day) 1844 (Year)

7-AGE, 71 yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Richard Lee

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Sarah Norris

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Dorsey

(Address) 2237 Ramsay St

15-Filed JUN 10 1916 ROBERT , KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8. (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Apr. 27. 1916, to June 8. 1916, that I saw h[illegible] alive on June 7. 1916, and that death occurred, on the date stated above, at 8. 0. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Intestine,

(Duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion,

(Duration) yrs. mos. 3 ds.

(Signed) L. D. Miller M. D.

6. 9. 1916. (Address) 715 S. Miller St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, June 12, 1916

20-UNDERTAKER F. B. Kefauver

ADDRESS 1738 Fremont Av

C95753

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

REGISTERED No. C 95753

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1944 W. Pratt ST. 70 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth F. Hahn

(Residence in Baltimore: No. 1944 W. Pratt St. 60 yrs. mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (If rite the word): Married

6 DATE OF BIRTH: May 22nd (Month) (Day), 1856 (Year)

7 AGE: 60 yrs. — mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry D. Schnepfe

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Carlina Goebel

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry J. Hahn

(Address) 1944 W. Pratt St

15 JUN 10 1916 Filed ....., 191 ROBERT ..... Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1916, to June 8 1916, that I saw h[illegible]ve on June 8, 1916, and that death occurred, on the date stated above, at 6 h m.

The CAUSE OF DEATH* was as follows:

Cerebral
Apoplexy
(Duration) 0 yrs. 0 mos. 6 ds

Contributory (SECONDARY) Abscess
(Duration) 0 yrs. 0 mos. 2 ds.

(Signed) C. A. Krone M. D.

6/9, 1916 (Address) 1606

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: June 11th, 1916

20 UNDERTAKER: F. B. Hufstader

ADDRESS: 238 Frederick Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95754

HEALTH DEPARTMENT---CITY OF BALTIMORE

C95754

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3712 Falls Road St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Naomi E. Myers

(Residence in Baltimore: No. 3712 Falls Road St.; yrs. 4 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the Word): Child Single

6-DATE OF BIRTH: Jan. 17, 1916 (Month) (Day) (Year)

7-AGE: 21 yrs. 4 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Wm Myers

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Helen Wells

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Myers

(Address) 3712 Falls Road

15- Filed JUN 10 1916, 191.....

CORNEY T. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 9th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1916, to, June 9, 1916, that I saw h[illegible] alive on June 9, 1916, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Purpura Hemorrhagica

Suffocation Ethmoidal

(Duration) yrs. 1 mos. 1 ds.

Contributory (SECONDARY) Bronchopneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Vernon J. Kelly M.D.

June 10, 1916. [Address] 3705 Falls Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Marys Cemetery — DATE OF BURIAL: June 11, 1916

20-UNDERTAKER: Ellsworth & Son — ADDRESS: 367 Chestnut

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95755

C95755

CERTIFICATE OF DEATH.

90

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 James St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Blackfish

(Residence in Baltimore: No. 1217 James St.; 83 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, May 23, 1833 (Month) (Day) (Year)

7-AGE, 83 yrs. ..... mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Hare

(Address) 1823 Dorsey

15- JUN 10 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Filed ....., 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 7th 1916, that I saw h[illegible] alive on June 7 1916, and that death occurred, on the date stated above, at 6 20 a m.

The CAUSE OF DEATH* was as follows: Senile Bronchitis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Old age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Sigfried Drane M. D.

6-9-16, 191... (Address) 1227 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, June 11, 1916.

20-UNDERTAKER Geo. E. Schmidt & Bro — ADDRESS 210 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95756

CERTIFICATE OF DEATH.

92 C95756

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 648 E. 28th St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mannie Edna McCormick.

(Residence in Baltimore: No. 648 E. 28th St. St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, July 2nd, 1907 (Month) (Day) (Year)

7-AGE, 8 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New Jersey.

PARENTS.

10-NAME OF FATHER, Celotens McCormick

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Eva Fisher.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Fisher Grand Mother

(Address) 648 E 28th St

15-

Filed JUN 10 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 29th 1916, to June 8th 1916, that I saw her alive on June 8th 1916, and that death occurred, on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Mumford O'Neill M. D.

June 8th, 1916 (Address) 1537 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laural Cemetery — DATE OF BURIAL, June 11., 1916

20-UNDERTAKER Mr. Robert A. Elliott — ADDRESS 806 East Pt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95757 C95757

CERTIFICATE OF DEATH.

20

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Williams

(Residence in Baltimore: No. 5 N Dallas St St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	married

6-DATE OF BIRTH, April (Month) 18 (Day), 1880 (Year)

7-AGE, 36 yrs. 1 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boot black
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Williams

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Martha Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15 JUN 10 1916 Filed....., 191.....

ROBERT . KRAUTH, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916, to June 8 1916, that I saw h alive on June 8 1916, and that death occurred, on the date stated above, at 2 30 a m.

The CAUSE OF DEATH* was as follows:

Arthritis Suppurative Acute

Septicaemia

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Operation for Abscess of Hip

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Mont R Reid M. D.

June 8, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 5 Dallas St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Osborn Cemetery	June 11., 1916
20-UNDERTAKER	ADDRESS
Wm Robert A Elliott	1016 East St

Spec.—8-24-14—M. & T.—2000 Bks.

758

HEALTH DEPARTMENT—CITY OF BALTIMORE

130 C95758

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Coates

(Residence in Baltimore: No. 703 Fessier St St.; 15 yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. September 24, 1877 (Month) (Day) (Year)

7-AGE, 38 yrs. 8 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Isaac Davenport

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Judie Finn

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- Filed JUN 11 1916 ROBERT E. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to June 10 1916, that I saw her alive on June 10 1916, and that death occurred, on the date stated above, at 12 10 a m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis
Pelvic Abscess
Autopsy Pelvic inflammatory disease

(Duration) ....yrs. ....mos. 2 1 ds.

CONTRIBUTORY (Secoudary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. H. Kerr M. D.

June 12 1916 (Address) Jo. H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State ✓

Where was disease contracted, if not at place of death? ✓

Former or usual residence 703 Fessier St.

19-PLACE OF BURIAL OR REMOVAL, Meig's Wat Northumberland Co Va

DATE OF BURIAL, June 14, 1916

20-UNDERTAKER John H. Jenkins

ADDRESS 1422 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

095759 HEALTH DEPARTMENT—CITY OF BALTIMORE 095759

CERTIFICATE OF DEATH.

129

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Ferguson

(Residence in Baltimore: No. 1945 Booth St. St.; 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negress

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) January (Day) ..... (Year) 1883

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert Brown.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Smith.

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gussie Lane

(Address) 1945 Booth St.

15- Filed JUN 11 1916, 191..... ROBERT ; KRAUTH, Burial Permit Clerk; Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/22 1916, to 6/7 1916, that I saw h[illegible] alive on 6/7 1916, and that death occurred, on the date stated above, at 5.40 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Multiple Fibroid myoma of the uterus.

(Duration) ..... yrs. ..... mos. 1½ ds.

CONTRIBUTORY (Secondary) General Peritonitis

(Duration) ..... yrs. ..... mos. 11 ds.

(Signed) H. Wiesner M. D.

6/7, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1945 Booth St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 10 1916

20-UNDERTAKER A. Jones

ADDRESS 207 S. Stricker st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95760 C95760

CERTIFICATE OF DEATH. 150

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2509 Guilford Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Orth

(Residence in Baltimore: No. 2507 Guilford Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	single

6-DATE OF BIRTH, June (Month) 10 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 6 ds. If LESS than 1 day, 2 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Grover Orth

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Hannah Stuff

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grover Orth

(Address) 2509 Guilford ave

15- Filed JUN 11 1916, 191.... ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to June 10 1916, that I saw h.. alive on .. .. 1916, and that death occurred, on the date stated above, at 1.14 P m.

The CAUSE OF DEATH* was as follows:

Failure of Heart
Chloroform Anesthesia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. C. Bartlett M. D.

June 11, 1916. (Address) 7 E. Lexington St. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, June 11, 1916.

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument

C95761

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C95761

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 608 Archer St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elsie Lee

(Residence in Baltimore: No. 608 Archer St.: 15 yrs. mos. ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month) (Day), 1876 (Year)

7 AGE: 40 yrs. mos. ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Lina Joans

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Lee

(Address) 608 Archer St

15 Filed JUN 11 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1916, to June 9 1916, that I saw h-- alive on June 9, 1916, and that death occurred, on the date stated above, at 12 10 m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia Lobar

(Duration) ..... yrs. ..... mos. 15 ds

Contributory (SECONDARY) Heart Failure

(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) Chas. H. Fiske M. D.

June 9, 1916 (Address) 714 Sharp St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Northumberland Co Va

DATE OF BURIAL: June 13 1916

20 UNDERTAKER: Geo. Hooper

ADDRESS: 602 Little Sharp St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95762

CERTIFICATE OF DEATH.

92 C95762

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 757 W. Saratoga ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Marciglia

(Residence in Baltimore: No. 757 W. Saratoga St.; 4 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ..., 1853
(Month) (Day) (Year)

7-AGE	If LESS than 1 day.
63 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Paint
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dealer

9-BIRTHPLACE, (State or Country), Italy.

PARENTS.

10-NAME OF FATHER, Sam Marciglia

11-BIRTHPLACE OF FATHER (State or Country). Italy.

12-MAIDEN NAME OF MOTHER Carmela Mishota

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rose Marciglia
(Address) 757 W. Saratoga

15-
Filed JUN 11 1916 191
ROBERT J. KRAUTER,
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month), 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1916, to June 9 1916, that I saw him alive on June 7, 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) .....yrs. .....mos. 2 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) D. Franklin M. D.

6/10/, 1916 (Address) 17 N. W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, June 11, 1916

20-UNDERTAKER James B. Lyles — ADDRESS 374 Wilson St

C95763

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

1916 C95763

REGISTERED NO. C

CITY OF BALTIMORE (No. 216 Laurens ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Anderson Hoffman

(Residence in Baltimore: No. 216 Laurens St.: unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 5th, 1860 (Month) (Day) (Year)

7-AGE: 56 yrs. 3 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): New Jersey

PARENTS

10-NAME OF FATHER: Elijah Anderson

11-BIRTHPLACE OF FATHER (State or country): New Jersey

12-MAIDEN NAME OF MOTHER: Anna Updike

13-BIRTHPLACE OF MOTHER (State or country): New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ray A. Hoffman
(Address) 216 Laurens St.

15 Filed JUN 11 1916 ROBERT P. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to June 10 1916.
that I saw h[illegible] alive on June 9, 1916.
and that death occurred, on the date stated above, at 4.40 A.M.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Manna Lazarby M. D.
June 10, 1916. (Address) 2 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: June 12, 1916

20-UNDERTAKER: Eschlum J. Watson — ADDRESS: 723 W. Lafayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95764

92

C95764

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 N. Kenwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand A. Kunnecke

(Residence in Baltimore: No. 633 N. Kenwood Ave St.; 43 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan. 9½, 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. 6 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Restaurateur
(b) General nature of industry, business, or establishment in which employed (or employer). Retired 1 year

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary R. Kunnecke

(Address) 633 N. Kenwood Ave

15- JUN 11 1916 19.. ROBERT J. KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4th 1916, to June 9 1916, that I saw h[im] alive on June 1916, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) — yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) Clement Fox M. D.

June 10, 1916. (Address) 4 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, June 12, 1916.

20-UNDERTAKER H. Sander & Sons — ADDRESS, 1710 Bank St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95765

CERTIFICATE OF DEATH.

113 C95765

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2426 E. Lafayette Av. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Nickles

(Residence in Baltimore: No. 2426 E. Lafayette Av. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: March (Month) 21 (Day), 1848 (Year)

7-AGE: 68 yrs. 2 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk Record Office

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Kasper Nickles

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charlotte E. Nickles

(Address) 2426 E. Lafayette Av

15- Filed JUN 11 1916, 191.... ROBERT J. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 5th 1916, to June 9th 1916, that I saw h.... alive on June 9th 1916, and that death occurred, on the date stated above, at 11.5 m.

The CAUSE OF DEATH* was as follows:

Contributory (Secondary) Emphysema (Duration) yrs. 6 mos. ds.

(Duration) yrs. mos. 7 ds.

(Signed) [illegible] M. D.

June 9th, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL, June 13, 1916

20-UNDERTAKER: Chas. P. Weaver Son

ADDRESS: 1118 W. Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C95766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C95766

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Catherine ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J Croghan

(Residence in Baltimore: No. 25 N Catherine St St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Don't know ..... (Month) ..... (Day) 1846 (Year)

7-AGE, 69 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Watchman Sewerage

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Croghan

(Address) 25 N Catherine St

15- JUN 11 1916 Filed ....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1916, to June 9 1916, that I saw him alive on June 9 1916, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Thos A Schaefer M. D.

June 9, 1916. (Address) 2505 W 13 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cemetery — DATE OF BURIAL, June 13, 1916

20-UNDERTAKER Chas P Coane & Son — ADDRESS 11 Dorn. Royal

HEALTH DEPARTMENT—CITY OF BALTIMORE.

095767 095767

CERTIFICATE OF DEATH.

X175

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. B & O R.R. Yard Locust Point St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michalous Durdella

(Residence in Baltimore: No. 15 Locust St Curtis Bay a&c St.; yrs. 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 4 (Day), 1864 (Year)

7-AGE, 52 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Car builder
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Lukas Durdella

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Barbara ——

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Tekla Durdella Wife
(Address) 15 Locust St Curtis Bay a&c Co Md

15- Filed JUN 11 1916, 191.....
ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Crushed and mangled about the body & leaving been struck by car No. 12030 of B. O. R.R. Co
Accidental Death
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.
June 8, 1916. (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross
DATE OF BURIAL, June 12 1916
20-UNDERTAKER William Faelsons
ADDRESS 168 Eastern

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95768

CERTIFICATE OF DEATH.

92

C95768

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1612 Presstman ST.; 15 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Cole

(Residence in Baltimore: No. 1612 Presstman St. 2 yrs. 4 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 4, 1914 (Month) (Day) (Year)

7-AGE, 2 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER Lemuel Cole

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lucilla Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lemuel Cole

(Address) 1612 N. Presstman

15-JUN 11 1916 ROBERT J. KRAUSER, Registrar.

Filed....., 191....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4 1916, to June 10 1916, that I saw h[illegible] alive on June 10 1916, and that death occurred, on the date stated above, at 9.25 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) F. C. Lusk M. D.

June 10, 1916 (Address) 1318 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 12, 1916

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Presstman

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95769 C95769

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 741 W. Lexington St.: 4 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland Carter Campen

(Residence in Baltimore: No. 741 W. Lexington St, St.; 34 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White	Single

6-DATE OF BIRTH, Unknown ....., 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Thomas J. Campen

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Georgeanna Davis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE.

(Informant) Paul T. Campen

(Address) 810 S. Monroe St.

15- JUN 11 1916, 191.. ROBERT J. BRAUER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis Caused by
Acute Alcoholism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L. Driscoll M. D.
(Coroner.)

June 10, 1916 (Address) 312 St Carroll Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, June 11, 1916
Greenmount Cem	
20-UNDERTAKER Joseph L. Cook	ADDRESS 1003 Eutaw St.

important. See instructions on back of certificate.

C95770

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 1770

CITY OF BALTIMORE (No. 112 W. Hanover St. 23 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Allbaugh

(Residence in Baltimore: No. 112 W. Hanover St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: March 27, 1831 (Month) (Day) (Year)

7-AGE: 85 yrs. 2 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie Burtle

(Address) 112 W. Hanover St.

15. JUN 12 1916 Filed ....., 191.... HARRY & ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 9, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1916, to, June 9 1916, that I saw her alive on June 8, 1916, and that death occurred, on the date stated above, at 2:30 p.m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Thos. Smith M. D.

June 9, 1916 (Address) 703 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Frederick Md	June 12, 1916
20-UNDERTAKER	**ADDRESS**
F. A. Krause	703 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095771

CERTIFICATE OF DEATH.

151

095771

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Jackson ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert W. Lambert

(Residence in Baltimore: No. 1626 Jackson St.; ....yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 11, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Herbert W. Lambert

11-BIRTHPLACE OF FATHER (State or Country), Waterbury, Md.

12-MAIDEN NAME OF MOTHER Eleanor Reynolds

13-BIRTHPLACE OF MOTHER (State or Country), Ijamsville, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. W. Lambert

(Address) 1626 Jackson St.

15-
Filed JUN 12 1916, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from On June 11 191, to 11/16 191, that I saw h... alive on June 11 191..., and that death occurred, on the date stated above, at 4-5 m.

The CAUSE OF DEATH* was as follows:

Premature delivery

7 hrs. (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Julia B. Lambert M. D.

June 11, 191... (Address) 1626 Jackson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, June 12, 191...

20-UNDERTAKER H. & W. D. Sloan ADDRESS 1425 Light St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95772 C95772

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 N. Fremont St. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Sohl.

(Residence in Baltimore: No. 7 N. Fremont (St.) (46 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Nov 1st (Month) (Day), 1849 (Year)

7-AGE 66 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, dont-No

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER dont-No

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Sohl

(Address) 729 W. Fayette st.

15-

Filed JUN 12 1916 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1915, to June 8 1916, that I saw h[illegible] alive on June 8 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

1.

2. Pneumonitis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 5 yrs. mos. ds.

(Signed) Myer Weinberg M. D.

June 9, 1916. (Address) 1524 Madison av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, June 12, 1916.

20-UNDERTAKER H. & M. L. Flynn — ADDRESS 1432 Light

Spec.—5-15-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95773 C95773

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Covington ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen M. Durkin

(Residence in Baltimore: No. 1409 Covington St.: 25 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 27 (Day), 1861 (Year)

7-AGE, 54 yrs. 6 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Edward Nolan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mont Know

13-BIRTHPLACE OF MOTHER (State or Country), Mont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Durkin

(Address) 1409 Covington

15- Filed JUN 12 1916, 191.... HARRY D. ANDREWS Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20th 1916, to June 9th 1916, that I saw h.. alive on June 9 1916, and that death occurred, on the date stated above, at 4-7 m.

The CAUSE OF DEATH* was as follows:

.....

.....

Chronic Nephritis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. O'Donnell M. D.

June 12, 1916. (Address) 1015 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, June 13 1916.

20-UNDERTAKER M. F. M. Flynn

ADDRESS 1432 High St

C95774

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 C95774

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1319 Upton ..... ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Phillips

Residence in Baltimore: No. 1319 upton ..... St.: 34 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White (Col'd)

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... (Month) ....., 1886 (Year)

7 AGE: 30 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Price

(Address) 1201 Etting St

15 JUN 12 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 9 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to June 9 1916, that I saw h[illegible] alive on June 8, 1916, and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Peritonitis (General)

..... (Duration) ..... yrs. 2 mos. 9 ds

Contributory (SECONDARY) Pyelitis (Duration) ..... yrs. ..... mos. 9 ds.

(Signed) Edw. V. Fitzgerald M. D.

6/10, 1916 (Address) 1118 Dumbarton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn | DATE OF BURIAL: June 12, 1916

20 UNDERTAKER: John H. Toadvin | ADDRESS: 142 W. Lexington St

#state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 164

C95775

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pier 6 Pratt St. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grosvenor Werner

(Residence in Baltimore: No. No residence except a boat (Apollo) at Pier 6 St.: ~~yrs.~~, ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Male	Colrd	Single

6-DATE OF BIRTH, ~~——~~ Unknown
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
25 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Calvert Co. Md

PARENTS.

10-NAME OF FATHER, James Werner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary E Ebb

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry J Werner

(Address) 13 S. Gay Street

15- FILED JUN 12 1916 191.... HARRY C. ANDREWS Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned accidental
(Pier 6 - Pratt St.)
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) H. J. Riley (Coroner.) M. D.

June ....., 1916. (Address) 16 S. Gay Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State Life ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Solomons Island Md

19-PLACE OF BURIAL OR REMOVAL, Calvert Co. Md DATE OF BURIAL, June 13 1916

20-UNDERTAKER L. L. Brown's Son ADDRESS 11 W. Monty

B C M Patuxent River Md

(Instructions important. See instructions on back of certificate.)

C95776 C95776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1712 Sliggerbuff St. 15 WARD)

2-FULL NAME John H. Sliss d burger

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1712 Sliggerbuff St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April 7, 1851
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
64 yrs. 9 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. City.

PARENTS.

10-NAME OF FATHER, Martin Sliss d burger

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Rachel Cohn

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Susd burger

(Address) 1712 Sliggerbuff St.

15- Filed JUN 12 1916 191 HARRY T. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Did not know

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Did not know

(Duration) yrs. mos. ds.

(Signed) H. Mellotamer M. D.
(Coroner.)

June 12 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery DATE OF BURIAL, June 13 1916

20-UNDERTAKER Josiah Leger ADDRESS 1600 N Monroe

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Pl.

Spec.—8-24-14—M. & T.—2000 Bks.

C95777 C95777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 15 19

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Eliston ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Gertrude Poole

(Residence in Baltimore: No. 1533 Eliston ave St.; 48 yrs. 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Sept. (Month) 7 (Day), 1867 (Year)

7-AGE: 48 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John Feller

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Katherine Lutz

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas L. Poole

(Address) 1533 Eliston Ave

15- Filed JUN 12 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1915, to June 11 1916, that I saw h[illegible] alive on June 10 1916, and that death occurred, on the date stated above, at 3 45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis and
Chronic Heart disease

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frank L. Jewett M. D.

June 11, 1916 (Address) 2516 Pierce

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Mechanicsville Md

DATE OF BURIAL: June 13, 1916

20-UNDERTAKER: Wm Cook

ADDRESS: 507 E Northern

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C95778

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95778

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Scott ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Patterson

(Residence in Baltimore: No. 309 Scott St.; 71 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 14 (Day), 1844 (Year)

7-AGE, 71 yrs. 11 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, James Reinhardt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dora Kruse

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry G. Patterson

(Address) 309 Scott St.

15- Filed JUN 12 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 10 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to June 10, 1916, that I saw her alive on June 10, 1916, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

I. Mitral Regurgitation (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (Duration) 2 hrs. yrs. mos. ds.

(Signed) J. L. Thompkins M. D.

June 11, 1916 (Address) 643 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem DATE OF BURIAL, June 14, 1916

20-UNDERTAKER William Cook ADDRESS 502 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95779 C95779

92

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 W Dayton ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth S Phillips

(Residence in Baltimore: No. 236 W. Dayton St.; 31 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Sept 8, 1831 (Month) (Day) (Year)

7-AGE. 84 yrs. 9 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Mass.

PARENTS.

10-NAME OF FATHER. Dr Paul Swift

11-BIRTHPLACE OF FATHER (State or Country). Mass

12-MAIDEN NAME OF MOTHER Vorcus Gardner

13-BIRTHPLACE OF MOTHER (State or Country). Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Elizabeth Phillips

(Address) 236 West Dolphin Street

JUN 12 1916

Filed....., 191.... HARRY C. ANDREWS

DEPUTY TOTTEN Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4th 1916, to June 10 1916, that I saw h[illegible] alive on June 10th 1916, and that death occurred, on the date stated above, at 9.20 p.m.

The CAUSE OF DEATH* was as follows:

Later Pneumonia

(Duration) 2 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) 1 yrs. Indefinite mos. ds.

(Signed) Hart Warner M. D.

June 11th, 1916. (Address) 1327 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. London Park

DATE OF BURIAL. June 13, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95780 C95780

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor 64

CITY OF BALTIMORE: (No. 8) ST.; 15 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Marion

(Residence in Baltimore: No. 1950 Ridgewood Ave St.; 21 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, [illegible] June, 1 (Month) (Day) (Year)

7-AGE, about 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, William Marion

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Hammonly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- JUN 12 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 June (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from No Record 191, to 191, that I saw h[illegible] alive on June 8 191[illegible], and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

8 days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

June 11, 1916. (Address) 1123 Vadby Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. mos. 5 ds. In the State 21 yrs. mos. 11 ds.

Where was disease contracted if not at place of death? Little Sisters of the Poor

Former or usual residence 1950 Ridgewood Ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, 6/14, 1916

20-UNDERTAKER Graham Cook

ADDRESS 502 E Nor[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95781 C95781

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1108 Isaac Ann ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Osborn

(Residence in Baltimore: No. 1108 Isaac Ann St. St.; 1yr. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 18 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Lightning
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James E. Osborn

11-BIRTHPLACE OF FATHER (State or Country), Caroline County Virginia

12-MAIDEN NAME OF MOTHER Caroline Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Lancaster Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Osborne

(Address) 1108 Isaac Ann St

15-

JUN 12 1916, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11th, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 20th 1916, to June 11th 1916, that I saw him alive on June 10 1916 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulm Phthisis

(Duration) yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. P. Hodges M. D.

June 11, 1916 (Address) 1128 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Metamboro Cemetery

DATE OF BURIAL, June 13, 191..

20-UNDERTAKER Felix B Pyle

ADDRESS 102 E Hamburg St

C95782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95782

1-PLACE OF DEATH — REGISTERED No. C 1770

CITY OF BALTIMORE (No. 6 Exchange of Commerce Bldg, St.: S Holliday St. WARD) 8

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Wallace Hyman

(Residence in Baltimore: No. Ext 15-16 Broadway St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 17, 1873 (Month) (Day) (Year)

7-AGE, 42 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Com. Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William H. Hyman

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Margaret Finn

13-BIRTHPLACE OF MOTHER (State or Country), Balto Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Hyman

(Address) 1076 Bway

15-JUN 12 1916 MARY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Injury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Sudden

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) H. J. Riley, Coroner M. D.

June 10 1916 (Address) H. J. Riley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place 2 hrs. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	June 12 1916
20-UNDERTAKER	ADDRESS
John Herring & Co	2008 Aliceanna

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C95783

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3038 E Monument ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anita E Efford

(Residence in Baltimore: No. 3038 E Monument St.; ..... yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May (Month) 16 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Ramond Efford

11-BIRTHPLACE OF FATHER (State or Country), Richmond Va

12-MAIDEN NAME OF MOTHER Estel Weaver

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) 3038 E. Monument

(Address) Charles R. Efford

15- Filed JUN 12 1916 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4 1916, to June 11 1916, that I saw h[illegible] alive on June 10 1916, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchitis (Duration) ..... yrs. ..... mos. 30 ds.

(Signed) Alois B Lemmon M. D.

June 11, 1916. (Address) 718 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Pr Cem. Sw. Luth. Cem

DATE OF BURIAL, June 12, 1916

20-UNDERTAKER Trudell Lippel & Son

ADDRESS 37 E. Ann St

C95784

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95784

CERTIFICATE OF DEATH.

164

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier 10 Light & Wharf ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Charles Plater c

(Residence in Baltimore: No. 703 S Green St ..St.; yrs., 40 mos. ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Don't Know, ... (Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Md

PARENTS.

10-NAME OF FATHER, Charles Plater c

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Dyer

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marriet Plater Clark

(Address) 703 S. Green St

15- Filed JUN 12 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M Kemkoot M. D. (Coroner.)

June 12 191 6 (Address) 1017 E Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, June 13, 1916.

20-UNDERTAKER Geo H Hooper

ADDRESS 609 Fulton Ave

important. See instructions on back of certificate.

C95785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95785

91 REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 594 N. Bridle ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Miller,

(Residence in Baltimore: No. 594 N. Bridle St.: yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	Col.	Single

6-DATE OF BIRTH, ... Apl. (Month) 10 (Day), 1916 (Year)

7-AGE, ... — yrs. 2 mos. — ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Catonsville, Md

PARENTS.

10-NAME OF FATHER Thomas Miller,

11-BIRTHPLACE OF FATHER (State or Country), S. C.

12-MAIDEN NAME OF MOTHER Sarah Page.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS [illegible] TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Miller

(Address) 594 N. Bridle

15- Filed JUN 12 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubular Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) I do not Know

(Duration) ... yrs. 1 mos. ... ds.

(Signed) J. H. Mettam M. D.
(Coroner.)

June 12, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? None

Former or usual residence ~

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	6/12, 19..
20-UNDERTAKER Samuel Stanley	ADDRESS 5[illegible] W. Bells

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95786 C95786

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Gunning.

(Residence in Baltimore: No. 1334 Andre St. / St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, September 16, 1908
(Month) (Day) (Year)

7-AGE, 7 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md. City

PARENTS.

10-NAME OF FATHER, Morton E. Gunning

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Mary Duckett.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp

15- JUN 12 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 191..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1916, to June 11 1916, that I saw h[illegible] alive on June 11 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis Tuberculous

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert W. Rosenthal M. D.

June 11, 191. 6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1334 Andre St

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, June 14, 1916

UNDERTAKER [illegible] ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95787

CERTIFICATE OF DEATH.

43

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Sprechelmeyer

(Residence in Baltimore: No. 822 Hamilton Terrace St.; for yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, February 14, 1854. (Month) (Day) (Year)

7-AGE, 62 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, George Henry Sprechelmeyer

11-BIRTHPLACE OF FATHER (State or Country) Germany.

12-MAIDEN NAME OF MOTHER Adelaide Homers.

13-BIRTHPLACE OF MOTHER (State or Country) Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adelaide Sprechelmeyer

(Address) 822 E. Hamilton Terrace

15- Filed JUN 12 1916

HARRY C. ANDREW
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916, to June 12 1916, that I saw her alive on June 12 1916, and that death occurred, on the date stated above, at 1.40 a m.

The CAUSE OF DEATH* was as follows:

I. Carcinoma of Breast

Intestinal Tract (Operation)

(Duration) One Year yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) yrs. mos. ds.

(Signed) Edward J. Smith M. D.

June 12, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State One Year yrs. mos. ds.

Where was disease contracted, if not at place of death? 822 Hamilton Terrace

Former or usual residence 822 Hamilton Terrace

19-PLACE OF BURIAL OR REMOVAL, Post Holy Redeemer Cem. DATE OF BURIAL, June 14, 1916.

20-UNDERTAKER Henry H. Jenkins & Sons Co ADDRESS 1400 Block E Orchard Sts.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95788 C95788

CERTIFICATE OF DEATH.

1-PLACE OF DEATH President St. 170 REGISTERED No. C

CITY OF BALTIMORE: (No. 413 & 415 W. Biddle ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H. Beale

(Residence in Baltimore: No. 422 Mosher St.; 53 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown, 1863
(Month) (Day) (Year)

7-AGE, 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Coachman
(b) General nature of industry, business, or establishment in which employed (or employer) Private family

9-BIRTHPLACE, (State or Country), Easton Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Adams

(Address) 522 Mosher st

15 JUN 12 1916 HARRY C. ANDREWS
Filed ..... 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 1916, to June 10 1916, that I saw him alive on June 10, 1916, and that death occurred, on the date stated above, at 9.9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 2 yrs. mos. ds.

(Signed) W. F. Grantham M. D.

June 191 6 (Address) W. F. Grantham

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 1 mos. 14 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 422 Mosher Street

19-PLACE OF BURIAL OR REMOVAL, National Cem. DATE OF BURIAL, June 13th 1916

20-UNDERTAKER Geo. H. Holland ADDRESS 517 Robert st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95789

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95789 C95789

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 302 W. Hoffman ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane E. Armstrong

(Residence in Baltimore: No. 302 W. Hoffman St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, (Month) (Day) (Year) 1876

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Armstrong

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Sophia Bond

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Armstrong

(Address) 302 W. Hoffman St

15- Filed JUN 12 1916 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10 1916, to June 8 1916, that I saw her alive on June 8 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. Davison M. D.

June 11, 1916 (Address) 1507 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters C Em

DATE OF BURIAL, June 13 1916

20-UNDERTAKER George H. Holland

ADDRESS 517 Robert St

C95790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C95790

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 143 E. North Ave. ST.: 12 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME G. Joshua Swan

(Residence in Baltimore: No. 1721 Guilford Place S. 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Dec. (Month) 16 (Day) 1865 (Year)

7-AGE, 57 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter in Pantry
(b) General nature of industry, business, or establishment in which employed (or employer)..... Place

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Benjamin Swan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Priscilla —

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Eleanor Swan
(Address) 1721 Guilford Av

15- Filed JUN 12 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac disease

Probably acute dilatation

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) C. T. Kelly (Coroner.) M. D.

June 11, 1916 (Address) 165 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Elms — DATE OF BURIAL, June 13, 1916

20-UNDERTAKER Geo. A. Holland — ADDRESS 517 Robert St

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95791 C95791

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St.; 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Weston

(Residence in Baltimore: No. 1524 N Bruce St.; 31 yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1885
(Month) (Day) (Year)

7-AGE, 31 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Weston

(Address) 1524 N Bruce St

15- Filed JUN 12 1916 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1916, to June 10, 1916, that I saw her alive on June 11 1916, and that death occurred, on the date stated above, at 1a - m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Myocarditis. Multiple

Uterine Fibroid (Duration) ...yrs. ...mos. 19 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Elmer Laurence M. D.

6-11-, 1916. (Address) Md General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 19 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1524 N Bruce St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, June 12 1916

20-UNDERTAKER George V. Holland

ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Blks.

C95792

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95792

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St.; 4 WARD) REGISTERED No. C 109

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arrie Smith

(Residence in Baltimore: No. 716 W. Fayette St.; ..... yrs., 3 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April 27, 1885
(Month) (Day) (Year)

7-AGE, 31 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Factory work.
(b) General nature of industry, business, or establishment in which employed (or employer): Canner

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Tomas Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mollie Heron

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Maud Fewkes

(Address) 716 W. Fayette St

15- JUN 12 1916 191.... HENRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6, 1916, to June 11, 1916, that I saw h[er] alive on June 11 1916, and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

I. Myocarditis & Uremia

(Duration) ....yrs....mos....5....ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation

(Duration) ....yrs....mos....5....ds.

(Signed) Elmer Hengerer M. D.

6-11-, 1916 (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 716 W. Fayette

19-PLACE OF BURIAL OR REMOVAL, Cumberland Md. DATE OF BURIAL, June 12, 1916

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C95793 151 C95793

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 248 S Collington Ave 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Koszewnski

(Residence in Baltimore: No. 248 S Collington Ave St.; ....yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Write the word.) Single

6-DATE OF BIRTH: June (Month) 10 (Day), 1916 (Year)

7-AGE: ....yrs....mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Michal Koszewnski

11-BIRTHPLACE OF FATHER (State or Country): Russian Poland

12-MAIDEN NAME OF MOTHER: Stanislawa Paknicka

13-BIRTHPLACE OF MOTHER (State or Country): Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislawa Koszewnska

(Address) 248 S Collington Ave

15- Filed JUN 12 1916, 19.. HARRY C. ANDREWS Burial Permit Clerk and Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to June 11 1916, that I saw h[er] alive on June 11 1916, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) W. J. Kyszewski M. D.

June 11, 1916 (Address) 200 S Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary

DATE OF BURIAL: June 12, 1916

20-UNDERTAKER: W. T. Ficksinski

ADDRESS: 1618 Eutaw

C95794

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95794

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3040 Bond St.; WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bain Phillips.

(Residence in Baltimore: No. 3040 Bond St.; yrs., 59 mos. 7 ds. 26)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Oct 14, 1856 (Month) (Day) (Year)

7-AGE: 59 yrs. 7 mos. 26 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lumber Marker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Richard Phillips

11-BIRTHPLACE OF FATHER (State or Country): Rochester Co Md

12-MAIDEN NAME OF MOTHER: Nancy Marshall.

13-BIRTHPLACE OF MOTHER (State or Country): Dorchester Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary E Burroughs
(Address) 3054 Bond St

15-
Filed JUN 12 1916, 191... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 0 ... ds.

CONTRIBUTORY (Secondary) Compound Fracture of Leg while Cutting. Suite of Fracture (Duration) ... yrs. ... mos. ... ds.

(Signed) Henry Lynn Smith M. D. (Coroner.)

June 10, 1916 (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: June 13, 1916

20-UNDERTAKER: Lilly & Zeiler — ADDRESS: 403 S. Wolfe St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95795 C95795

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Keilholtz

(Residence in Baltimore: No. 896 W Lombard St St.; 8 yrs., 7 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Oct 11, 1907 (Month) (Day) (Year)

7-AGE, 8 yrs. 7 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Georg Keilholtz

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Myers

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith Keilholtz

(Address) 894 N. Lanvale St

15- Filed JUN 12 1916 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 / 10 / 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/6/ 1916, to 6/10/ 1916, that I saw h dr alive on 6/10/ 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

a. Chr. Parenchymatous Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 7 ds.

(Signed) Edward P. Smith M. D.

6/10/, 191.6 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 896 W Lombard St

Former or usual residence 896 W Lombard St

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetry

DATE OF BURIAL, June 13, 191..

20-UNDERTAKER Geo. M. Riddlemoser

ADDRESS 130 Mosher St

Spec.—8-24-14—M. & T.—2000 Blks.

Dr Valentine

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95796

CERTIFICATE OF DEATH.

119

REGISTERED NO. C 95796

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 S Dallas ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Taylor

(Residence in Baltimore: No. 527 S. Dallas St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. 4, 1867 (Month) (Day) (Year)

7-AGE, 48 yrs. 7 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Wagons

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, William J. Taylor

11-BIRTHPLACE OF FATHER (State or Country), Cuba

12-MAIDEN NAME OF MOTHER Theresa Buchhauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Taylor

(Address) 527 S. Dallas St

15- Filed JUN 12 1916, 191.. ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1916, to June 10 1916, that I saw h alive on June 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Malaria Convulsions

(Duration) yrs. mos. 4 hrs. ds.

CONTRIBUTORY (Secondary) acute Nephritis

(Duration) 1 yrs. 1 mos. ds.

(Signed) J. J. Valentine M. D.

June 12 1916 (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, June 13 1916.

20-UNDERTAKER H. Sander Son ADDRESS 1710 Pleasant

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95797 18 C95797

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 454 Furrow ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E Jorg Sorg

(Residence in Baltimore: No. 454 Furrow St.; Lafayette Ave. (Ext.))

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November (Month) 9th (Day) 1888 (Year)

7-AGE, 27 yrs. 7 mos. 2 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Operator
(b) General nature of industry, business, or establishment in which employed (or employer): Button Factory

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Sorg

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Ernestina Miller

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ernestina Sorg

(Address) 454 Furrow St

15- JUN 12 1916 Filed....., 191... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916, to June 10 1916, that I saw h[illegible] alive on June 10 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration)....yrs....mos. 5 ds.

CONTRIBUTORY (Secondary) Erysipelas

(Duration)....yrs....mos....ds.

(Signed) [illegible] M. D.

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery — DATE OF BURIAL, June 13 1916

20-UNDERTAKER Geo. A. Forbig — ADDRESS Baltimore

56

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C95798 C95798

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE. (No. St. Josephs German Hospital WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Marlowe

(Residence in Baltimore: No. St. Josephs Hospital St.; ....yrs., ...mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, Black | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 60 yrs. ....mos. ....ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) Private

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Gray

(Address) 508 Preston st

15- Filed JUN 12 1916 ROBERT , KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31st 1916, to June 11th 1916, that I saw her alive on June 10th 1916, and that death occurred, on the date stated above, at 12 30 Am.

The CAUSE OF DEATH* was as follows:

(a) Chronic Interstitial
nephritis
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Empyema Diffuse
(Duration) ....yrs. ....mos. ....ds.

(Signed) C. M. L. Pfeiffer M. D.

June 11, 1916. (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 50 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence Ecclenton Md

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery | DATE OF BURIAL, June 13, 1916

20-UNDERTAKER James H Deming | ADDRESS 132 Preston

C95799

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95799

CERTIFICATE OF DEATH.

169

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 0 W M R R Bridge Spring Gardens ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G Branham

(Residence in Baltimore: No. 1509 Hanover St.: 14 yrs., 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: August 24, 1901 (Month) (Day) (Year)

7-AGE: 14 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: William D Branham

11-BIRTHPLACE OF FATHER (State or Country): Kentucky

12-MAIDEN NAME OF MOTHER: Annie M McNeir

13-BIRTHPLACE OF MOTHER (State or Country): Baltimor Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs G G Potter Aunt
(Address) 1509 Hanover St

15- JUN 12 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Accidental Drowning death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Otto M Reinhardt (Coroner.) M. D.

June 11, 191 6 (Address) 10 17 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: June 13 1916

20-UNDERTAKER: Schloman & Son ADDRESS 1039 Hanover St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95800

CERTIFICATE OF DEATH.

x 108

C95800

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Richards

(Residence in Baltimore: No. Md. General Hosp. St.; ... yrs., ... mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1876 (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Pinkney

(Address) Magothy Md.

15- JUN 12 1916 Filed ....., 191.... Registrar.

ROBERT . KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27, 1916, to June 11, 1916, that I saw h[illegible] alive on June 11, 1916, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Suffocation by Accident & Resuscitation

(Duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Elmer Merriner M. D.

6-11-, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 15 ds. In the State 41 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Pasadena Md.

19-PLACE OF BURIAL, OR REMOVAL, Magothy Church Cem. DATE OF BURIAL, June 12th, 1916.

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Orleans st

C95801

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

C95801

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1113 Hanbert ST. 27 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Franklin Becan

(Residence in Baltimore: No. 1113 Hanbert St.: yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: June (Month) 10 (Day), 1916 (Year)

7 AGE: ..... yrs. ..... mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore - Md.

PARENTS

10 NAME OF FATHER: James Frank Becan

11 BIRTHPLACE OF FATHER (State or country): Austria

12 MAIDEN NAME OF MOTHER: Catherine Franz

13 BIRTHPLACE OF MOTHER (State or country): Austria

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Becan

(Address) 1113 Hanbert St.

15 JUN 12 1916 Filed ....., 191 ROBERT F. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 12 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1916, to June 12 1916, that I saw h[illegible] alive on June 11, 1916, and that death occurred, on the date stated above, at 11.45 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage - due to pressure before birth

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bertha E. Tapman M. D.

June 12, 1916 (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: June 16, 1916

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95802

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

C95802

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1900 Mosher ST. 16 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse N. Lescallett

Residence in Baltimore: No. 1900 Mosher St.: 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White.

5-~~SINGLE~~ MARRIED WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: Jan 5th, 18[illegible] (Month) (Day) (Year)

7-AGE: 84 yrs. 5 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Engineer (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer): Penna R.R.

9-BIRTHPLACE (State or country): Carroll Co. Md.

PARENTS

10-NAME OF FATHER: David Lescallett.

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Sarah Leister

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Lescallett

(Address) 1900 Mosher St.

15-JUN 12 1916 Filed ....., 191

ROBERT . KRAUSER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June, 12th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1900 or about that, 191.., to June 12th 1916.

that I saw h~~im~~ alive on June 11th 1916.

and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

old age.

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Hypostatic Congestion

(Duration) ... yrs. ... mos. 3 ds.

(Signed), Truman P. Evans M. D.

June 12th, 1916 (Address) 833 N Fulton ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Washington D.C.

DATE OF BURIAL: June 14 1916

20-UNDERTAKER: Bertram Bell

ADDRESS: 1405 W. Lafayette Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C95803

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Snyder

(Residence in Baltimore: No. 1704 Ashburton St. St.; 70 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 28, 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. 2 mos. 14 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Book-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Adam Snyder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Snyder

(Address) 1704 Ashburton Ave

15- JUN 12 1916 Filed ....., -191.....

ROBERT P. BRAUER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6/10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/7 1916, to 6/10 1916, that I saw h[illegible] alive on 6/10 1916, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Inoperable Carcinoma of Gall Bladder and Liver

(Duration) 4 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry M. Clin M. D.

6/10, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1704 Ashburton St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 12, 1916.

20-UNDERTAKER Geo W Little

ADDRESS 531 N Fremont Ave

Jacob Adelstein

HEALTH DEPARTMENT—CITY OF BALTIMORE

Jacob Adelstein

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95804

CERTIFICATE OF DEATH.

Adelstein
C95804

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4612 N. Gay ST.: 5-156 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Adelstein

(Residence in Baltimore: No. 4612 N. Gay St.; 7 yrs., — mos. — ds.)

REGISTERED No. C

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, March (Month) ....., 1871 (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchmaker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Marcy Edelstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis Carp

(Address) 461 N. Gay

15- Filed JUN 12 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Illuminating Gas

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. S. Riley (Coroner.) ..... M. D.

June 12, 1916 (Address) 1625 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 6 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Cem. DATE OF BURIAL, June 13 1916

20-UNDERTAKER S. Levinson & Bro ADDRESS 1107 E. Balto. St.

DATE OF DEATH must be given in all cases. See instructions on back of certificate. Information required in items 1 to 14 is important.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95805

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95895 C95895

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 East ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Joynes

(Residence in Baltimore: No. 107 East St.; 14 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 20 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work.
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William Joyner

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Minty Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minty Joyner

(Address) 107 East St

15- Filed JAN 13 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 191 6, to June 9 191 6, that I saw h er alive on June 9 191 6, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. W. Wastu M. D.

June 9, 1916. (Address) Accomack Va

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Accomack Co Va. DATE OF BURIAL, June 13, 1916.

20-UNDERTAKER John W Henderson ADDRESS 31 y Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95806 C95806

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 581 Baker St. ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hortense Mitchell

(Residence in Baltimore: No. 581 Baker St. St.; .....yrs., ...mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 20th, 1915
(Month) (Day) (Year)

7-AGE, —1 yrs. — mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Joseph Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Charles Co md

12-MAIDEN NAME OF MOTHER Hennerette Mooney

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hennerette Mitchell

(Address) 581 Baker St

15 JUN 13 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 / 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/8 1916, to 6/12 1916, that I saw h[illegible] alive on 6/11 1916, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration).....yrs.....mos. 6 ds.

CONTRIBUTORY (Secondary) usual

..... (Duration).....yrs.....mos.....ds.

(Signed) Wm Rhett M. D.

6/12, 191.6 (Address) 2137 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters cemetery

DATE OF BURIAL, June 13, 1916.

20-UNDERTAKER Joseph A. Farrell

ADDRESS 2319 Division St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec. 8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95807 C95807

CERTIFICATE OF DEATH.

120 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 N. Arlington ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Wood

(Residence in Baltimore: No. 243 N. Arlington ave St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1870 (Year)

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Home Maker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Evans

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Alice Williams

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Wood

(Address) 243 N Arlington

15-

Filed JUN 13 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30 1916, to June 10 1916, that I saw h[illegible] alive on June 10 1916, and that death occurred, on the date stated above, at 8.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Menopause

(Duration) yrs. mos. ds.

(Signed) Wm. H. Wright M. D.

June 10, 1916 (Address) 1209 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemet	June 13, 1916.
20-UNDERTAKER	ADDRESS
Charles B. Jones	2350 Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

C95808 C95808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 91

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. #135 E North Ave St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F Malloy.

(Residence in Baltimore: No. #135 E North Ave St.; Life Time. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, June (Month) 5th (Day), 1823 (Year)

7-AGE, 93 yrs. — mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Charles A Malloy

11-BIRTHPLACE OF FATHER (State or Country): Ireland.

12-MAIDEN NAME OF MOTHER: Mary McCaughan

13-BIRTHPLACE OF MOTHER (State or Country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Malloy

(Address) 135 E North Ave

15-

Filed JUN 13 1916

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 12 1916, that I saw h— alive on Jan 11 1916, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Senility - Palm. Edema

(Duration) ....yrs. ....mos. 10 ds.

(Signed) Chas. F Block M. D.

Jan 12, 1916 (Address) 75 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, June 14th, 1916.

20-UNDERTAKER E & B Harle ADDRESS 115 E West St

Spec.—5-19-13—M. & T.—500 Blks.

C95809 C95809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 N Carrollton Ave 16 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Hall

(Residence in Baltimore: No. 1015 N Carrollton Ave St.; 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb 12, 1875 (Month) (Day) (Year)

7-AGE, 41 yrs. 4 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Home life

9-BIRTHPLACE, (State or Country), Md (aaed

PARENTS.

10-NAME OF FATHER, Jerry Hall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Hall

(Address) 1015 Carrollton Ave

15- JUN 13 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1916 to June 12 1916, that I saw h[illegible] alive on June 11 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

5 days

Nervous Prostration (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 3 years

(Duration) yrs. mos. ds.

(Signed) Geo. W. Slagle M. D.

June 12, 1916. (Address) 1621 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Waterbury Conn

DATE OF BURIAL, June 14, 1916

20-UNDERTAKER Turner & Wright

ADDRESS 1361 W Cary

Spec.—8-24-14—M. & T.—2000 Bks.

Etheridge T Kent Jr.

C95810

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95810

CERTIFICATE OF DEATH.

x 79

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 8 Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Etheridge T Kent (Matt Kennedy)

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., 2 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 26, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Theatrical (Comedian)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Etheridge Kent

11-BIRTHPLACE OF FATHER (State or Country), D.C.

12-MAIDEN NAME OF MOTHER Mary Ann Change

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps

(Address) Johns Hopkins Hosp

15- Filed JUN 13 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 1916, to June 17 1916, that I saw h.m alive on June 17 1916, and that death occurred, on the date stated above, at 12.05 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. ds.

(Signed) Nathaniel H. Brush M. D.

June 17, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 16 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 193 Severn Ave. East Port, Md.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 15, 1916.

20-UNDERTAKER Ellis & Evans ADDRESS 1442 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95811 C95811

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2319 E Chase ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B DeHaven

(Residence in Baltimore: No. 2319 E Chase st St. 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ... Jan (Month) 25 (Day), 1888 (Year)

7-AGE, 28 yrs. 4 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Barber
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Shop at Residence)

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Allison DeHaven

11-BIRTHPLACE OF FATHER (State or Country) Washington D C

12-MAIDEN NAME OF MOTHER Ella Sloan

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella L DeHaven

(Address) 2319 E Chase St

15- JUN 13 1916 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 1 1916, to June 12 1916, that I saw h.. alive on June 11 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) 2 yrs. ..... mos. 1 ds.

(Signed) Alan B Lennard M. D.

June 13 1916 (Address) 718 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't. DATE OF BURIAL, June 14, 1916.

20-UNDERTAKER Robt T Turner ADDRESS 1442 N Bond

CAUSE OF DEATH must be plainly written, so that it may be properly important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C95812

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Hermanan ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Pentz

(Residence if Baltimore: No. 2209 Hermanan St.)

(If less than 1 day, ..hrs. ..mins. / ..yrs. ..mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: June (Month) 6 (Day), 1870 (Year)

7-AGE: 46 yrs. 5 mos. ds.

If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brick
(b) General nature of industry, business, or establishment in which employed (or employer): Layer

9-BIRTHPLACE, (State or Country): Md. (City)

PARENTS.

10-NAME OF FATHER: Joseph A Pentz

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Isabelle Mosby

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Pentz

(Address) 2209 Hermanan St.

15- JUN 13 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1916, to June 11 1916, that I saw h[illegible] alive on June 11 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..yrs. ..mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) ? yrs. ? mos. ? ds.

(Signed) W. G. Warner M. D.

June 13, 1916. (Address) 1301 N Pat Pum

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL, June 14, 1916

20-UNDERTAKER: Keffer & Turner ADDRESS 1442 N Bro

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95813 C95813

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 E. Hamburg ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Pepersack

(Residence in Baltimore: No. 405 E. Hamburg St.; 59 yrs., 8 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH: Sept 21, 1857 (Month) (Day) (Year)

7-AGE: 59 yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): U S Printing Co.

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Joseph Pepersack

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: K Stundle

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Pepersack

(Address) 405 E Hamburg St

15- JUN 13 1916 Filed ....; 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to June 11 1916, that I saw him alive on June 11 1916, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Enteritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) J A O'Donnell M. D.

June 12, 191.. (Address) 102 E West St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, June 14., 1916.

20-UNDERTAKER D & M D Flynn ADDRESS 1412 Light St

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95814 C95814

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 Hull ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Cadden

(Residence if Baltimore: No. 1238 Hull St.; 6 yrs., 1 mos. 3 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 16 (Day), 1910 (Year)

7-AGE, 6 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Anthony Cadden

11-BIRTHPLACE OF FATHER (State or Country), Balto Co, Md

12-MAIDEN NAME OF MOTHER Margaret V. Burns

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Cadden

(Address) 1238 Hull St.

15-JUN 13 1916 Filed....., 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1916. (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 13 1916, that I saw her alive on June 13 1916, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency
Articular Rheumatism
(Duration) yrs. mos. 14 ds.
CONTRIBUTORY (Secondary) Cardiac Dilitation
(Duration) yrs. mos. 1 ds.

(Signed) Jas A O'Donnell M. D.
June 13 1916. (Address) 107 E Mt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery
DATE OF BURIAL, June 16 1916

20-UNDERTAKER H & M E. Flynn
ADDRESS 422 Light St

C95815

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95815

150

CERTIFICATE OF DEATH.

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 826 Woodward ..ST. 21 WARD)

2-FULL NAME Infant Auer

(Residence in Baltimore: No. 826 Woodward ..St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 12 (Day), 1916 (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, 6 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm Auer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Minnie Schalhaus

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Auer

(Address) 826 Woodward St

15-
FILED JUN 13 1916 HARRY C. ADDEN
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Albert D. Driscoll M. D.
(Coroner.)

June 13, 1916. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	June 13 1916
20-UNDERTAKER	ADDRESS
H. & M. L. Flynn	742 Light St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95816 C95816

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 W. Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Luntenberger

(Residence in Baltimore: No. 1931 Mosher 2f St.; 44 yrs., — mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 16 (Month) (Day), 1872 (Year)

7-AGE, 44 yrs. — mos. 25 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (none)
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John E Holmeister

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Ida Lau

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irvin W Luntenberger

(Address) 1931 Mosher

15- Filed JUN 13 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to June 191 6, that I saw h[illegible] alive on June 10 191 6, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

about (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. E. Marx M. D.

June 12 1916. (Address) 827 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Ridge Cemetery

DATE OF BURIAL, June 14, 1916

20-UNDERTAKER W M Boutron

ADDRESS 2 Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

C95817 C95817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 Mc Henry ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Foster

(Residence in Baltimore: No. 745 Mc Henry St.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, August 4, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. 2 mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Baker

(Address) 745 Mc Henry St.

15- FILED JUN 13 1916 01 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st 1916, to June 11 1916, that I saw him alive on June 8 1916, and that death occurred, on the date stated above, at 2A m.

The CAUSE OF DEATH* was as follows:

Cutaneous Tumor

Chronic Myocarditis (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental fall (Duration) 1 yrs. 3 mos. ds.

(Signed) E. B. Krauss M. D.

June 12, 1916 (Address) 1417 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery

DATE OF BURIAL, June 13, 1916

20-UNDERTAKER, W. M. Boulton

ADDRESS 230 N. Green

C95818 C95818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Hebron Hospital ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME: Agnes Viola Smith

(Residence in Baltimore: No. 728 N Augusta St.; 1 yrs., 5 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Baby

6-DATE OF BIRTH, Dec 31, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Hannie Miller

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Smith

(Address) 728 N Augusta

15- JUN 13 1916 Filed....., 19.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Pneumonia

Fall down stairs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Hawkins (Coroner.) M. D.

191... (Address) 11 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 728 N Augusta St

Former or usual residence 728 N Augusta St

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, June 14 1916

20-UNDERTAKER Henry Hooke Son — ADDRESS 1301 E Eager St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95819 HEALTH DEPARTMENT—CITY OF BALTIMORE C95819

CERTIFICATE OF DEATH.

39

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 W Lombard ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Case Lewis

(Residence in Baltimore: No. 1333 W Lombard St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1851 (Year)

7-AGE, 65 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Water Dept.

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, James Curran

11-BIRTHPLACE OF FATHER (State or Country), Phila. Pa.

12-MAIDEN NAME OF MOTHER Hester A. Snead

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Curran

(Address) 1223 W. Lombard St.

15- Filed JUN 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to June 12 1916, that I saw h[illegible] alive on June 12 1916, and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Uremic Convulsions

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhoids

(Duration) yrs. mos. ds.

(Signed) J. E. Lawn M. D.

6.12. 1916 (Address) 1302 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, June 15, 1916.

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-14-14—M. & T.—2000 Bks.

C95820 C95820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.; 10 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kelley

(Residence in Baltimore: No. Little Sisters of the Poor St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July (Month) (Day) 1856 (Year)

7-AGE 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Kern

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Julia Finn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- JUN 13 1916 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Never, 191, to 191, that I saw her alive on June 11 1916, and that death occurred, on the date stated above, at 9.30 p.m.

The CAUSE OF DEATH* was as follows:

Gangrene of foot
6 weeks (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. A. Dawson M. D.
June 12, 1916 (Address) 1133 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 5 yrs. 7 mos. ds. In the State Life yrs. mos. ds.
Where was disease contracted if not at place of death? Little Sisters of the Poor
Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, June 14, 1916

20-UNDERTAKER H. C. Windfeld ADDRESS 914 Greene St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95821 C95821

CERTIFICATE OF DEATH.

113

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 S Monroe ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H Schanfelder

(Residence in Baltimore: No. 416 S Monroe St. 50 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug (Month) 4 (Day), 1835 (Year)

7-AGE, 80 yrs. 10 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): B & O Railroad

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Schanfelder

(Address) 416 S. Monroe St

15- Filed JUN 13 1916 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1908, to June 12 1916, that I saw h in alive on June 12 1916, and that death occurred, on the date stated above, at 5 50 p m.

The CAUSE OF DEATH* was as follows:

Paralysis of Heart

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) yrs. mos. ds.

(Signed) Joseph E Muse M. D.

June 13, 1916 (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, June 15, 1916

20-UNDERTAKER Jos. Lock ADDRESS 1043 W Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95822 C95822

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 328 E. 28th ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Strohmeyer

(Residence in Baltimore: No. 328 East 28th St.; 45 yrs., 2 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 19, 1871 (Month) (Day) (Year)

7-AGE, 45 yrs. 2 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Compositor
(b) General nature of industry, business, or establishment in which employed (or employer): " Sun

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Eugene Strohmeyer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Rosina Mertta

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Strohmeyer

(Address) 328 E. 28th st.

15- HARRY C. ANDREWS

Filed JUN 13 1916 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11th 1916, to June 12th 1916, that I saw h[illegible] alive on June 12th 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(Duration) ..... yrs. ..... mos. 12 hours ds.

CONTRIBUTORY (Secondary) Ch. Inter. Endocarditis

(Duration) 3 yrs. 7 mos. ..... ds.

(Signed) Dr. Lemmie Burch M. D.

June 13 1916 (Address) 1844 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, June 15, 1916

20-UNDERTAKER Jenkler & Jenkler — ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95823 C95823

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Selma Sirusky

(Residence in Baltimore: No. 8 Irving Pl. St.; ..... yrs., 3 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Sirusky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Bernstein

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Sirusky

(Address) 118 Albemarle St

15-

Filed JUN 13 1916, 191.. HARRY C. ANDERSON Registrar.

Burial Permit Issued by Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 17 1916, to June 13 1916, that I saw her alive on June 13 1916, and that death occurred, on the date stated above, at 7.9 m.

The CAUSE OF DEATH* was as follows:

..... Empyema .....

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Drainage

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) William J. May M. D.

June 13, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 27 ds. In the State 1 yr. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 8 Irving Place

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel — DATE OF BURIAL, June 13, 191..

20-UNDERTAKER J. Kinnon & Bro — ADDRESS Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95824

CERTIFICATE OF DEATH.

28 C95824

REGISTERED, No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Penitentiary, ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Johnson #1

(Residence in Baltimore: No. ..... St.; .....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Widower

6-DATE OF BIRTH, January (Month) 15 (Day), 1876 (Year)

7-AGE, 40 yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington, D.C.

PARENTS.

10-NAME OF FATHER, Charles E. Wilson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Emma Denning

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Stewart

(Address) Maryland Penitentiary

15- Filed JUN 13 1916, 191... ROBERT ..., Burial Permit Clerk
Registrar.

Morgue

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 7 1915, to June 6 1916, that I saw him alive on June 5 1916, and that death occurred, on the date stated above, at 12.40 A m.

The CAUSE OF DEATH* was as follows:

Toxemia and Exhaustion

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuber-culosis (Duration) ....yrs. 7 mos. 29 ds.

(Signed) William F. Stewart M. D.

June 6, 1916. (Address) Maryland Penitentiary.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 8 mos. 20 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Md Penitentiary

Former or usual residence 240 Colvin St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95825 C95825

CERTIFICATE OF DEATH.

x 167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Essey Brown

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., ...mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, May (Month) 3 (Day), 1864 (Year)

7-AGE, 52 yrs. 1 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steel Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Jos Brown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Chaney Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Madeline Boyd

(Address) Johns Hopkins Hospital

15- Filed JUN 13 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to June 11 1916, that I saw h[illegible] alive on June 11 1916, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows: (accidental)
Extensive burn of right Arm
Femoral thrombosis (right)

Caused (Duration) ....yrs. ....mos. 33 ds.
CONTRIBUTORY (Secondary) from a gas explosion, while lighting a gas
(Duration) ....yrs. ....mos. ....ds.

(Signed) George T. Dunn M. D.
June 13, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 22 ds. In the State ✓ yrs. ✓ mos. ....ds.
Where was disease contracted, if not at place of death? ✓
Former or usual residence 801 N Spring St

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, June 14, 1916

20-UNDERTAKER Samuel W. Chase — ADDRESS 1400 Aisquith St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95826 64 C95826

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 913 Sterling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Watson

(Residence in Baltimore. No. 913 Sterling St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Jan. 8, 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. 5 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Street for city

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER. Thomas O Watson

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Brady

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Jack J. Ehrlen
(Address) 1013 E. Madison

15- JUN 13 1916 Filed....., 191... ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 12 1916, to June 12 1916, that I saw h alive on June 12 1916 and that death occurred, on the date stated above, at 4 45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 4 hrs.

(Duration) yrs. mos. hrs.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. C. Bowers M. D.

6-13-, 1916. (Address) 1312 E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery
DATE OF BURIAL, 6/15, 1916

20-UNDERTAKER William Cook
ADDRESS 502 E North Ave

Important. See instructions on back of certificate.

Spec.—1-24-14—M. & T.—2000 Bks.

Bessie Chany

C95827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C95827

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 E Monument St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Chany

(Residence in Baltimore: No. 1431 E Monument St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 30, 1834. (Month) (Day) (Year)

7-AGE 82 yrs. 1 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Work
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Gibson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Joanna Bond

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Her daughter Pheate Tuck

(Address) 1431 E. Monument St

15- Filed JUN 13 1916, 191. ROBERT KRAUSE, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1916, to June 11 1916, that I saw her alive on June 11 1916, and that death occurred, on the date stated above, at 2.35 P m.

The CAUSE OF DEATH* was as follows:

Asthenia, Heart Disease, Paralysis Bright's Disease (Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) old age (Duration) yrs. 1 mos. 5 ds.

(Signed) D. H. G. W. Kennard M. D.

June 11 1916 (Address) 108 Eman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bellair Harford Co Md — DATE OF BURIAL, June 14., 1916.

20-UNDERTAKER M & R A Elliott — ADDRESS 506 East St

Spec.—8-24-14—M. & T.—2000 Bks.

C95828 HEALTH DEPARTMENT—CITY OF BALTIMORE C95828

CERTIFICATE OF DEATH.

4 104 REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 W. Lexington ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Andreone

(Residence in Baltimore: No. 719 W. Lexington St.; ....yrs., ...mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Alfonso Andreone

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Carolina Tarantelli

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfonso Andreone

(Address) 719 W. Lexington St.

15- HARRY C. ANDREWS

Filed JUN 14 1916 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191.....,
that I saw h....alive on .....191.....,
and that death occurred, on the date stated above, at .....m.
The CAUSE OF DEATH* was as follows:

.....
.....
.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.
....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent cemetery	June 14 1916
20-UNDERTAKER	ADDRESS
John J. Halleyson	1318 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C95829 C95829

CERTIFICATE OF DEATH.

43

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital; St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia McGaw

(Residence in Baltimore: No. 602 Lemmon St St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, February 13, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 4 mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, W. E. McGaw

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Louisa Boyd

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Hardy

(Address) Johns Hopkins Hospital

15- JUN 14 1916 HARRY C. ANDERSON

Filed ..... 191.... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1916, to June 13 1916, that I saw her alive on June 13. 1916, and that death occurred, on the date stated above, at 4.20 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast (Right)

Ulcerating

(Duration) 2 + yrs. mos. ds.

CONTRIBUTORY (Secondary)

Metastasis (Duration) yrs. mos. ds.

(Signed) Geo. T. Rhodes M. D.

June 13, 191.. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 25 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 602 Lemmon St

19-PLACE OF BURIAL OR REMOVAL, Green Presbyterian Cemetery, Govans Md

DATE OF BURIAL, June 15, 1916.

20-UNDERTAKER John B Spence

ADDRESS 1325 N. Caroline, St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 95830 — 90 C 95830

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1354 Whalecoat ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Ayres

(Residence in Baltimore: No. 1354 Whalecoat St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 2 (Day), 1833 (Year)

7-AGE, 82 yrs. 8 mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Midwife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Johnson Smith

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mildred Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Ayres

(Address) 1354 Whalecoat St

15- JUN 14 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1916, to June 12 1916, that I saw her alive on June 11 1916, and that death occurred, on the date stated above, at 11.25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Acute Bronchitis

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Age. Renal Calculi

(Duration) ..... yrs. 7 mos. ..... ds.

(Signed) Wm. H. Wyatt M. D.

June 14, 1916 (Address) 120 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, June 15, 1916

20-UNDERTAKER Samuel W. Chase-son — ADDRESS 1400 Harlem

C95631 C95631

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1330 N. Fremont Ave St. 15 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David White.

(Residence in Baltimore: No. 1330 N. Fremont Ave St. 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1872
(Month) (Day) (Year)

7-AGE, 44 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... St. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Rich & Shovel

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Isaac White

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Ennis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie White

(Address) 1330 N. Fremont ave.

15 JUN 14 1916 HARRY [illegible] ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows

Chronic Poisoning

I do not know what

does consist Lead Poisoning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

None

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

June 14, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death? None

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md — DATE OF BURIAL, June 16, 1916

20-UNDERTAKER Samuel W. Chase Son — ADDRESS 1400 Monroe St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95632 C95632 92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hos. ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Glover

(Residence in Baltimore: No. 137 S. Edward ave. St; ..... yrs., 2/12 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Aug (Month) 9 (Day), 1869 (Year)

7-AGE, 46 yrs., 10 mos., 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work, B & O Rail Road (b) General nature of industry, business, or establishment in which employed (or employer), Conductor

9-BIRTHPLACE, (State or Country) Maryland (City)

PARENTS.

10-NAME OF FATHER, Thomas Glover

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Margaret Wright

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Glover

(Address) 137 Edward Ave

15- JUN 14 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to June 13 1916, that I saw h[illegible] alive on June 13 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Abscess of Lung

..... (Duration) Unknown yrs. ..... ds.

CONTRIBUTORY (Secondary) Probably Lobar Pneumonia

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Chas. H. Bruns M. D.

June 13, 1916. (Address) Franklin Sq Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. Life ds.

Where was disease contracted, if not at place of death? at Residence.

Former or usual residence 137 S. Edward ave.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, June 15, 1916

20-UNDERTAKER Josiah Lyle

ADDRESS 600 W North ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95833 C95833 81

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Susan B. Edmunds

(Residence in Baltimore: No. 3337 Windsor Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1833 (Year)

7-AGE, 83 yrs. ... mos. ... dys.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Cowart

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lydia L. Trowuls.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Page Edmunds

(Address) Baltimore Md

15- Filed JUN 14 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6/14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/12 1916, to 6/14 1916, that I saw h[er] alive on 6/14 1916, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Uremia — Cardiac Arteriosclerosis

(Duration) ... yrs. ... mos. 1 ... ds.

CONTRIBUTORY (Secondary) Generalized Arteriosclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry M. Hein M. D.

6/14, 191.6 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3337 Windsor Ave.

19-PLACE OF BURIAL OR REMOVAL. Cowarts Va

DATE OF BURIAL, June 16, 191.6

20-UNDERTAKER W. Purnell Sons

ADDRESS Norfolk

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95834 C95834

CERTIFICATE OF DEATH.

34

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 W. Lombard ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary K. Croghan

(Residence in Baltimore: No. 939 W. Lombard St. St.; 4 yrs., 2 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 16, 1912
(Month) (Day) (Year)

7-AGE, 4 yrs. 2 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John P. Croghan

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Anna E. Croghan

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Croghan

(Address) 939 W. Lombard St.

15-

Filed JUN 14 1916 HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 12 1916, that I saw h[illegible] alive on June 12 1916, and that death occurred, on the date stated above, at 7.30 P.m.

The CAUSE OF DEATH* was as follows:

Tubercular Adenitis

(Duration) yrs. 1 mos. ds.

History of Bronchial Pneumonia

CONTRIBUTORY (Secondary)

(Duration) yrs. 2 mos. ds.

(Signed) John A. Evans M. D.

June 13, 1916. (Address) 101 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 14 1916

20-UNDERTAKER John J. Corcoran — ADDRESS 901 Hollins St.

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95835 C95835

CERTIFICATE OF DEATH.

REGISTERED No. C 64

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonio Gianzone

(Residence in Baltimore: No. S. S. Bologna St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 1 (Day) 1 (Year)

7-AGE, 53 yrs. # mos. # ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State of Country) Sicily

PARENTS.

10-NAME OF FATHER, Francesco Gianzone

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Maria Fratinisi

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Mercy Hospital

(Address) Calvert St

15- Filed JUN 14 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to June 13 1916, that I saw him alive on June 13 1916, and that death occurred, on the date stated above, at 4.25 P m.

The CAUSE OF DEATH* was as follows:

Primary Acute Pancreatitis Hemorrhagic
Contributory Cirrhosis of Liver
(Duration) 2 yrs. of Known mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(Duration) yrs. mos. ds.

(Signed) Edward L. Jenick M. D.
June 13, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1 ds. In the State Unknown yrs. mos. ds.
Where was disease contracted, if not at place of death? Italy
Former or usual residence Italy

19-PLACE OF BURIAL OR REMOVAL St Vincents Cemetery — DATE OF BURIAL, June 14, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095836

095836

CERTIFICATE OF DEATH.

× 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Curran.

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., 1 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October (Month) 26 (Day), 1870 (Year)

7-AGE, 46 yrs. 7 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Yard Master
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, John M. Curran

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Hettie Holland

13-BIRTHPLACE OF MOTHER (State or Country), Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hospital

15-

Filed JUN 14 1916, 191.....

HARRY C. ANDREWS

Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1916, to June 13 1916, that I saw him alive on June 13 1916, and that death occurred, on the date stated above, at 12 55 P. m.

The CAUSE OF DEATH* was as follows:

Sepsis; Rectal fistula (7 years)

Syphilis (22 yrs.)

..... (Duration) 0 yrs. ..... mos. 30 ds.

CONTRIBUTORY (Secondary) Operations

..... (Duration) 9 yrs. ..... mos. 4 ds.

(Signed) Walter Burke M. D.

June 13, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 26 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 121 W. 64th St. New York City

19-PLACE OF BURIAL OR REMOVAL, Atlanta, Ga. DATE OF BURIAL, June 16, 1916.

20-UNDERTAKER Zorkler & Zorkler ADDRESS 1739 E. Eager

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

095837 095837

186

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Josephs Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Mearing

(Residence in Baltimore: No. 739 N Chester St.; 24 yrs., 3 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, March 5, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 3 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Philip Mearing

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Ann

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Mearing

(Address) 121 S Milton Ave

15- Filed JUN 14 1916, 191.... HARRY C. ANDREAE Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion

"Self Induced"

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. H. Dudley M. D.
(Coroner)

....., 191... (Address) 710 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 24 yrs. 3 mos. 8 ds.

Where was disease contracted, if not at place of death? 739 N Chester St

Former or usual residence 739 N Chester St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, June 15 1916

20-UNDERTAKER Wm. H. & John H. Deupree ADDRESS 801 W. Fayette St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95838 C95838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 635 N. Hoffman St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ellis

(Residence in Baltimore: No. 635 N. Hoffman St.; yrs., 10 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col.	Single

6-DATE OF BIRTH, Aug. 5th, 1905. (Month) (Day) (Year)

7-AGE, 10 yrs. 10 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Erastus Fosteroy

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Nettie Ellis

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nettie Ellis

(Address) 635 N. Hoffman St.

15- JUN 14 1916 HARRY C. ANDREWS

Filed....., 191.... Registrar

Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to June 12 1916, that I saw h[illegible] alive on June 12 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) 4 yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) 2 mos. 21 ds.

(Signed) Jno. F. Whitehead M. D.

June 13 1916. (Address) 206 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	June 14, 1916.
20-UNDERTAKER	ADDRESS
James H. Dennis	1303 Pierpont

C95839

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C95839

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 744 Penna Ave, St.: 17 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel A. Clark

(Residence in Baltimore: No. 744 Penna Ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH: December (Month) ..... (Day), 1882 (Year)

7-AGE: 33 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel N.Y.

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Stepleud A. Clark

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Brown

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Murray
(Address) 744 Penna Ave

15. JUN 14 1916 Filed ....., 191—

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1916, to. June 11 1916, that I saw him alive on June 11, 1916, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows: Acute Bronchitis 7 D.

Contributory (SECONDARY) Stomach (Duration) ..... yrs. 3 mos. ..... ds

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed), O. H. Florer M. D.

June 12, 1916 (Address) 1148 Bouton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Lawn | DATE OF BURIAL: 6/14, 1916

20-UNDERTAKER: Paul V. Hensley | ADDRESS: 578 N. Bridge

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95840 C95840

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 W Fayette ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Hardy

(Residence in Baltimore: No. 416 W. Fayette St.; 66 yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, Aug. 11, 1849
(Month) (Day) (Year)

7-AGE, 66 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): Janitor Public Sch

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Reuben Hardy

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lizzie Gosed

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hardy

(Address) 416 W Fayette St

15 JUN 14 1916 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 27th 1916, to June 11th 1916, that I saw h[illegible] alive on June 10th 1916, and that death occurred, on the date stated above, at 12 p m.

The CAUSE OF DEATH* was as follows:

[illegible]

Endocarditis (Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

[illegible] (Duration) — yrs. 6 mos. ds.

(Signed) Edward Gill Jackson M. D.

June, 191.. (Address) 1334 W Mt Royal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt. Auburn

DATE OF BURIAL. 6/14, 1916

20-UNDERTAKER Samuel Hemsley

ADDRESS 678 W Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95641 108 C95641

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 7 Franklin St. Hos. ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Dobbin

(Residence in Baltimore: No. 19 N. Bruce St.; 20 yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single

6-DATE OF BIRTH, Feb. 1st, 1896
(Month) (Day) (Year)

7-AGE, 20 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Factory girl
(b) General nature of industry, business, or establishment in which employed (or, employer): Hardware

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, John Dobbin

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Olivia Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Olivia Dobbin

(Address) 19 N. Bruce Street

15-
JUN 14 1916
Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1916, to June 12 1916, that I saw her alive on June 12 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Suppurative Appendicitis
& Peritonitis

(Duration) yrs. mos. 4 D. ds.

CONTRIBUTORY (Secondary) Mesenteric abscess (Duration) yrs. mos. 30 ds.

(Signed) Geo. P. Shaw M. D.

June 12 1916 (Address) Franklin & Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 19 N Bruce.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, June 14 1916

20-UNDERTAKER George H. Holland

ADDRESS 577 Robert St.

095842 095842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mt Vernon Mill No 1 ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winfield S. Morgan

(Residence in Baltimore: No. 51 Harbor St. St. 11 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Nov. (Month) 5 (Day), 1847 (Year)

7-AGE: 68 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Elevator Operator
(b) General nature of industry, business, or establishment in which employed (or employer): Mt Vernon Mill No 1

9-BIRTHPLACE, (State or Country): N. Va.

PARENTS.

10-NAME OF FATHER: Richard Morgan

11-BIRTHPLACE OF FATHER (State or Country): N. Va.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): "

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie C. Morgan

(Address) 51 Harbor St.

15- Filed JUN 14 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above. Inquest June 13/16

The CAUSE OF DEATH* was as follows:
Loop truck weighing 125 lbs fell & struck Elevator Shaft.
(Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Crushed skull and Broken Neck (Duration) ....yrs. ....mos. ....ds.

(Signed) John T. Morrison M. D. (Coroner.)
June 14, 1916 (Address) 1632 Rolandene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: St. Mary's (Hampden) DATE OF BURIAL, June 16 1916

20-UNDERTAKER: Horace Burgee Son ADDRESS 3631 Falls Rd.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95843

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95843

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Park Ave. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Tottle.

(Residence in Baltimore: No. 1611 Park Ave. St.; 71 yrs., 11 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: July (Month) 10 (Day), 1844. (Year)

7-AGE: 71 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE, (State or Country): Baltimore City, Md.

PARENTS.

10-NAME OF FATHER: Emanuel Holtz.

11-BIRTHPLACE OF FATHER (State or Country): not known.

12-MAIDEN NAME OF MOTHER: Elizabeth Holtz.

13-BIRTHPLACE OF MOTHER (State or Country): Pennsylvania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. W.A. Tottle, (husband)

(Address) 1611 Park Av.

15- Filed JUN 14 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1916 to June 12 191, that I saw h e alive on June 12 1916, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 1 yrs. mos. ds.

(Signed) W.T. Holland M. D.

June 13, 1916 (Address) 162 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ---yrs. ---mos. ---ds. In the State ---yrs. ---mos. ---ds.

Where was disease contracted, if not at place of death? ----------

Former or usual residence ----------

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: June, 14., 1916.

20-UNDERTAKER: Stewart & Mowen Com'y. — ADDRESS: 108 W. North Av

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95844 C95844

CERTIFICATE OF DEATH.

REGISTERED NO. C 64

4-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann Gen Hosp. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Horsey

(Residence in Baltimore: No. 1435 Vincent St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Colored	Married

6-DATE OF BIRTH, unknown (Month) (Day), 1 (Year)

7-AGE, 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Churchfield Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- JUN 14 1916 191 HARRY C. ANDREWS Registrar.

JUN 14 1916

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1916, to June 13 1916, that I saw h[illegible] alive on June 13 1916, and that death occurred, on the date stated above, at 1.50 a m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) unknown

(Duration) yrs. mos. ds.

(Signed) Francis J. Martin M. D.

June 14 1916 (Address) Hahnemann Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence unknown

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	JUN 14 1916
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95845 C95845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 82

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. University Hosp. 4 St., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Eliza Robertson.

(Residence in Baltimore: No. University Hospital St.; — yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. (Month) 19.., (Day) 1860 (Year)

7-AGE, 56 yrs. 3 mos. 25 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Leonard Buckingham

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Walker

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. C. Robertson

(Address) Westminster Md.

15- JUN 14 1916 Filed....., 191.... HARRY C. ANDREW Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1916, to June 14 1916, that I saw h.er alive on June 14 1916, and that death occurred, on the date stated above, at 11.50 A.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

..... (Duration) ..yrs. ..mos. 1 ..ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) J. H. Brodbeck M. D.

June 14 1916 (Address) Union Dep.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 1 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence Westminster Md.

19-PLACE OF BURIAL OR REMOVAL, Westminster Md. DATE OF BURIAL, June 17 1916

20-UNDERTAKER, W. M. Bouton ADDRESS 230 Green

Important. See instructions on back of certificate.

C95846

HEALTH DEPARTMENT—CITY OF BALTIMORE

175

CERTIFICATE OF DEATH.

C95846

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead at University Hospital ST.: 13 WARD)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert A. Morgan.

(Residence in Baltimore: No. 2813 Hampden Ave, St.; yrs. 30. ~~mos.~~ ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Widower.

6-DATE OF BIRTH, Dec 8, 1872
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
43 yrs. 6 mos. 6 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Morgan.

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Margaret Lutz

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. W. Morgan.

(Address) 2135 Fenwick Ave

15- JUN 14 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage following fracture of Skull, unavoidable accident.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Struck by Electric Car

(Duration) yrs. mos. ds.

(Signed) Albert D. Driscoll M. D.
(Coroner.)

June 14, 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.... yrs. — mos. — ds. In the State Like yrs. mos. ds.

Where was disease contracted, if not at place of death? Streetcar Hill

Former or usual residence 2813 Hampden Ave

19-PLACE OF BURIAL OR REMOVAL, Westminster Md

DATE OF BURIAL, June 15 1916

20-UNDERTAKER Wm M. Gawthrop

ADDRESS 1624 McRoyal Ave

Cause of death must be stated. Answers to questions 16 to 20 inclusive are important. See instructions on back of certificate.

John B. Gregor.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95847 C95847

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2028 Ashland av ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B Gregor

(Residence in Baltimore: No. 2028 Ashland av St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Mal	W	Widower

6-DATE OF BIRTH, Nov 1 (Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Georg Gregor

11-BIRTHPLACE OF FATHER (State or Country), N York

12-MAIDEN NAME OF MOTHER, May Bradford

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Gregor

(Address) 2232 Ashland av

15- Filed JUN 14 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 191 6 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) yrs. mos. ds.

(Signed) J. H. Landerkin M. D. (Coroner.)

, 191... (Address) 110 Ashland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	June 16, 13
20-UNDERTAKER	ADDRESS
Thos Cracknell	19 E Lombard

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95848 92 C95848

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. Md General Hospital St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo W Hammond

(Residence in Baltimore: No. 923 Columbia ave St.; ..... yrs., 9½ mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 9, 1858 (Month) (Day) (Year)

7-AGE, 57 yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Nelson Hammond

11-BIRTHPLACE OF FATHER (State or Country), N.Y.

12-MAIDEN NAME OF MOTHER Sarah Macey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Hammond

(Address) 923 Columbia ave

15-JUN 14 1916 Filed..... 191.....

ROBERT . BRAUNER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 12 1916, to June 15 1916, that I saw h[illegible] alive on June 13 1916, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia and General Asthenia Edema Myocarditis (Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration).....yrs.....mos.....ds.

(Signed) Edwin Hewcomer M. D.

6-13-, 191.6 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 923 Columbia ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, June 16 191.6

20-UNDERTAKER W. H. Edmondson ADDRESS Kovan ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95849

CERTIFICATE OF DEATH.

45 C95849

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Hos. ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. M. O'Neill

(Residence in Baltimore: No. 1904 W. Saratoga St.; 45 yrs., 11 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 3 (Day), 1870 (Year)

7-AGE, 45 yrs. 11 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Ferdinand M. Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Melvina E. Hill

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. O'Neill

(Address) 1904 W. Saratoga St.

15- JUN 14 1916 Filed....., 191.....

ROBERT F. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1916, to June 13 1916, that I saw her alive on June 13 1916, and that death occurred, on the date stated above, at 3a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Chronic Lymphosis

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)?

(Duration) yrs. mos. ds.

(Signed) Geo. H. Baard M. D.

6/13, 1916 (Address) Geo. R. Brown

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home.

Former or usual residence 1904 W. Saratoga.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, June 15, 1916

20-UNDERTAKER George J. Smith

ADDRESS 1885 Fayette St

Important. See instructions for DEATH CERTIFICATE.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95850 C95850

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 946 W Fayette ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia C. Powers

(Residence in Baltimore: No. 946 W Fayette St. St.; 74 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 11 (Day), 1842 (Year)

7-AGE, 73 yrs. 8 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Terrance O'neill.

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER, Catherine O'neill.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. P. E. Powers

(Address) 1132 Arlington Ave.

15-

JUN 14 1916 191... ROBERT F. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 5 1916, to June 13 1916, that I saw h[illegible] alive on June 12 1916, and that death occurred, on the date stated above, at 4.55 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Bernard Cox M. D.

6/13/16 191... (Address) 914 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral. DATE OF BURIAL, June 16, 1916.

20-UNDERTAKER Jos. J. Smith ADDRESS 1019 Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95851

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

2-FULL NAME Frank H. Greenwood

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 27 ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 5 (Day), 1842 (Year)

7-AGE, 74 yrs. 5 mos. 8 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Tradesman.

9-BIRTHPLACE, (State or Country), Del.

PARENTS.

10-NAME OF FATHER, James Greenwood

11-BIRTHPLACE OF FATHER (State or Country), Del.

12-MAIDEN NAME OF MOTHER, Sarah Herlock

13-BIRTHPLACE OF MOTHER (State or Country), Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. H. Mercy Hospital

(Address) Talbot St.

15-Filed JUN 14 1916, 191.... ROBERT . KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1916, to June 13 1916, that I saw him alive on June 13 1916 and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) 2 days

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 2 yrs. mos. ds.

(Signed) Edward H. Dennett M. D.

June 13 191.. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 27 ds. In the State Dover Kent ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Chestertown Md.

Former or usual residence Chestertown Md.

19-PLACE OF BURIAL OR REMOVAL, Chestertown, Md. DATE OF BURIAL, June 14, 191.6

20-UNDERTAKER Henry W. Mauldin ADDRESS 705 N. Calvert St.

Va. Wm. Del & Va. R. R. — Escort — Samuel K. Greenwood

Important. See instructions on back of certificate.

C95852

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

C95852

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 E. Fayette St.; 6 WARD)

2 FULL NAME Joel B Sutherland Sr.

(Residence in Baltimore: No. 2438 E. Fayette St St.; ..... yrs. ..... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Oct (Month) 20 (Day), 1845 (Year)

7-AGE: 70 yrs. 7 mos. 23 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Dentist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Richmond Va

PARENTS

10-NAME OF FATHER: Saml S. Sutherland

11-BIRTHPLACE OF FATHER (State or country): New York

12-MAIDEN NAME OF MOTHER: Martha Rison

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John C. Sutherland

(Address) 2438 Fayette St

JUN 14 1916

Filed ....., 191-

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to, June 12 1916, that I saw him alive on June 12 1916, and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) 1 yr. ..... mos. ..... ds.

Contributory (SECONDARY) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Louis McGuigan Jr M. D.

June 14 1916 [Address] 1500 Edmondson

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem.

DATE OF BURIAL: June 15 1916

20-UNDERTAKER: Frank A. Fink

ADDRESS: 915 N. Gay St

THE CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E95853 E95853

CERTIFICATE OF DEATH.

REGISTERED No. C 24

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3003 N. Calvert St.; 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Tucker

(Residence in Baltimore: No. 3003 N Calvert St.; 1 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: May 22, 1907 (Month) (Day) (Year)

7-AGE: 9 yrs. mos. 23 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Long Island

PARENTS.

10-NAME OF FATHER: Edwin A Tucker

11-BIRTHPLACE OF FATHER (State or Country): Kansas

12-MAIDEN NAME OF MOTHER: Grace E. Wright

13-BIRTHPLACE OF MOTHER (State or Country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin A Tucker

(Address) 3003 N Calvert St

15- Filed JUN 14 1916, 191 ROBERT F. KRAUTHER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1916, to June 14 1916, that I saw h[illegible] alive on June 14 1916, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 1 mos. 7 ds.

(Signed) J. F. Hessin Burnett M. D.

June 14 1916 (Address) 2544 E. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Brooklyn, N.Y. DATE OF BURIAL, June 16, 1916

UNDERTAKER Chas. H. Evans Son ADDRESS 108 N. Mt. Royal

Important. See instructions on back of certificate.

C95851 C95851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 937 S Sharp ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William H Binns c

(Residence in Baltimore: No. 937 S Sharp St

St.: yrs., 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 27, (Month) (Day) 1915 (Year)

7-AGE, 1 yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Edward Binns c

11-BIRTHPLACE OF FATHER (State or Country) Atlanta Ga

12-MAIDEN NAME OF MOTHER Annie Thomas c

13-BIRTHPLACE OF MOTHER (State or Country), Atlanta Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Binns c (mother)

(Address) 937 S Sharp St

15-

Filed JUN 14 1916 191.... ROBERT ; KRAUSE, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a)
(b) Diarrhoea
(c)
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M Rehkandt M. D. (Coroner)

June 14, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, June 15, 1916.

20-UNDERTAKER L. E. Brown & Sons ADDRESS 1101 W Mont'y

Should be carefully filled out, as important. See instructions on back of certificate.

C95855

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C95855

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1015 Mc Culloh St. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Martha Anne Scarbrough

(Residence in Baltimore: No. 1015 Mc Culloh St.; 23 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	Single

6 DATE OF BIRTH October 6, 1840 (Month) (Day) (Year)

7 AGE 75 yrs. 8 mos. 8 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9 BIRTHPLACE (State or country) Harford County Md

PARENTS

10 NAME OF FATHER Ezekiel Scarbrough

11 BIRTHPLACE OF FATHER (State or country) Harford County Md

12 MAIDEN NAME OF MOTHER Susana Tudor

13 BIRTHPLACE OF MOTHER (State or country) American but State or County unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Victoria Scarbrough

(Address) 1015 Mc Culloh St

15 JUN 14 1916 Filed ..... 191 ..... ROBERT ..... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 14, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January, 1916, to, June 1916, that I saw h[illegible] alive on June 12, 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Senility.

Mitral insufficiency.

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Nephritis Chronic

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Fitz Pollack M. D.

June 14, 1916 (Address) 1112 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL — Emory M E Church Harford Co Md. — DATE OF BURIAL June 16, 1916

20 UNDERTAKER Geo W Little — ADDRESS 531 N. Fremont Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.

Spec.—8-24-14—M. & T.—2000 Bks.

095856

HEALTH DEPARTMENT—CITY OF BALTIMORE

095856

CERTIFICATE OF DEATH.

108

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 S. Ann St ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kostancya Legielska

(Residence in Baltimore: No. 801 S. Ann St St.; 70 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, Not Known (Month), (Day), 1869 (Year)

7-AGE, 47 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Thos. Kadzielka

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Josephine Czaplinska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Legielski

(Address) 801 S. Ann St

15- Filed JUN 14 1916, 191 ROBERT J. KRAUTH, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to June 14 1916, that I saw h er alive on June 13 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Appendicitis,

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(Duration) ....yrs. ....mos. 3 ds.

(Signed) J. M. Driscoll M. D.

June 14, 1916 (Address) 621 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, June 16, 1916

UNDERTAKER Williams Fiacre & Co

ADDRESS 610 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95857

CERTIFICATE OF DEATH.

183 C95657

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 17 Narraway Court ST.: 2nd WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Price

(Residence in Baltimore: No. 17 Narraway Court St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 2 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank (Price

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Linkins

13-BIRTHPLACE OF MOTHER (State or Country), (Maryland)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar Price

(Address) 17 Narraway Court

15- ROBERT F. KRAUTH Filed JUN 14 1916, 191... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH June 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis abscess of brain
Pneumonia Statewide a Probable
Hands (Duration) yrs. 9 mos. ds.
CONTRIBUTORY (Secondary) Renetration wound of
left temple (Duration) yrs. mos. ds.

(Signed) Henry Lynch Jones Jr. M. D.
(Coroner)
June 10 191 6 (Address) Henry Lynch Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stevens Cem Rossville Md	June 12th 1916

20-UNDERTAKER Harry A. Vodery ADDRESS 1225 Orleans St.

Cause of death to be plainly stated, and if any of the facts are unknown, the word unknown must be used. Each statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95858

CERTIFICATE OF DEATH.

C95858

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Aliceanna St.; WARD 28)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Wilkuszinski

(Residence in Baltimore: No. 1924 Aliceanna St.; 9 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..., 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country) Galicia Austria

PARENTS.

10-NAME OF FATHER, Andrew Topolewski

11-BIRTHPLACE OF FATHER (State or Country) Austria Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Wilkuszinski

(Address) 1924 Aliceanna

15-Filed JUN 14 1916, 191.. ROBERT T. KRAUTHOFF, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 1916, to June 14 1916
that I saw h[illegible] alive on June 14 191[illegible]
and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

, 191.. (Address) 1008 S. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus, | DATE OF BURIAL, June 17th, 1916

20-UNDERTAKER M. F. Sadowski | ADDRESS 705 S. Ann St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Stanislaus Wanenowicz

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95859

CERTIFICATE OF DEATH.

150

C95859

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2116 Eastern Ave. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Wanenowicz

(Residence in Baltimore: No. 2116 Eastern Ave. St.; ....yrs., ...mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 10 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, None
(b) General nature of industry, business, or establishment in which employed (or employer) ——

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Vincent Wanenowicz

11-BIRTHPLACE OF FATHER (State or Country) Russia Poland

12-MAIDEN NAME OF MOTHER Sophie Zak.

13-BIRTHPLACE OF MOTHER (State or Country) Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Wanenowicz

(Address) 2116 Eastern Ave

15- JUN 14 1916 Filed....., 191.... ROBERT . KRAUTH Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11 1916, to June 14 1916, that I saw h— alive on June 14 1916, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Left Palate & Lip

(Duration) ....yrs. ....mos. 4 ds.

(Signed) ..... M. D.

June 14, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, June 15, 1916

20-UNDERTAKER M. J. Sadowski ADDRESS 705 S. Ann

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95860 C95860

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Md General Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice McShane

(Residence in Baltimore: No. 807 Homestead St. St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Don't Know, 1865
(Month) (Day) (Year)

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Author McShane

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Lane Brown

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Fatzler

(Address) 807 Homestead

15- JUN 14 1916 Filed....., 191.....

ROBERT KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1916, to June 13, 1916, that I saw her alive on June 13 1916, and that death occurred, on the date stated above, at 2:05 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis, Myocarditis with Aortic and Mitral Insufficiency.
..... (Duration).....yrs.....mos....6..ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) Elmer Newcomer M. D.
6-17-, 191.. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 807 Homestead St Vicinity.

19-PLACE OF BURIAL OR REMOVAL, Philadelphia Pa. DATE OF BURIAL, June 15, 1916

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford ave.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95861

CERTIFICATE OF DEATH.

29 C95861

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harvey Platt

(Residence in Baltimore: No. 523 N. Glover St St.; ..... yrs., 9 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September 12, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 9 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Edw. J. Platt

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Alice Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) as Smith

(Address) Johns Hopkins Hospital

15- JUN 14 1916 Filed ....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1916, to June 12 1916, that I saw h alive on June 12 1916, and that death occurred, on the date stated above, at 10 20 p. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Gilbert W. Rowland M. D.

June 13, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 523 N. Glover St

19-PLACE OF BURIAL OR REMOVAL, St Evangelical Cemetery

DATE OF BURIAL, June 15, 1916

20-UNDERTAKER Christian Miller

ADDRESS 233 N. Jefferson St

Important. See instructions on back of certificate.

C95862

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95862

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. City of Baltimore (No.) University Hospital St.: 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED No. C 184

2-FULL NAME Williard Fowell

(Residence in Baltimore: No. University Hospital St.? yrs., - mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male. 4-COLOR OR RACE, White. 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 3 (Day), 1886 (Year)

7-AGE, 30 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Stewart Fowell

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Lucy Corbin

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Records

(Address)

15- FILED JUN 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, Autopsy & Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull, Cut

Inter Cranial Hemorrhage

probable homicide (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck with some blunt instrument while in a fight

(Duration) yrs. mos. ds.

(Signed) Albert D. Dascall M. D. (Coroner.)

June 13, 1916. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death yrs. mos. ds. State University Hospital in the 2 days yrs. mos. ds.

Where was disease contracted, if not at place of death? Woodstock Md

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Granite M. E. Cemetery DATE OF BURIAL, June 15 1916

20-UNDERTAKER Easton Sons ADDRESS. Ellicott City

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95863 42 C95863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED No. C .....

1-PLACE OF DEATH Ericksons

CITY OF BALTIMORE: (No. 212 Eccleston Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah (Vinie) Topham

(Residence in Baltimore: No. 212 Eccleston Ave. St.; 42 yrs., — mos. — ds.)

Ericksons

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	married

6-DATE OF BIRTH, January 14, 1874
(Month) (Day) (Year)

7-AGE, 42 yrs. 4 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic Servant
(b) General nature of industry, business, or establishment in which employed (or employer) Homewood

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Tony Vinie

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rachel Hutchins

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. C. Jamison MD

(Address) 1810 Guilford Ave Balto

15 JUN 15 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1916, to June 13 1916, that I saw h[illegible] alive on June 13 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac & Renal Dropsy

(Cardiac failure)

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ...yrs. ...mos. ...ds.

(Signed) A. C. Jamison M. D.

June 14, 191.. (Address) 1810 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, June 16, 1916

20-UNDERTAKER Felix B. Pye

ADDRESS 102 E Madison

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95864 C95864

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2770 Tivoly Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James D. Horstman

(Residence in Baltimore: No. 2770 Tivoly Ave St.; 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, March 22, 1841
(Month) (Day) (Year)

7-AGE, 75 yrs. 2 mos. 21 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer). Retired 10 years

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Charles Horstman

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Katherine Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nate L. Kahanor

(Address) 2770 Tivoly Ave

15- FILED JUN 15 1916 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 9 1916, to June 12 1916, that I saw h[illegible] alive on June 12 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. D. Fiddes M. D.

June 13 1916 (Address) 1936 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, June 15, 1916

20-UNDERTAKER H. Sander Sons ADDRESS 1110 East Mt

Important. See instructions on back of certificate.

C95865

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95865

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Lafayette Ave & Parish Pl. ST.) 16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Lotton H. Wright.

(Residence in Baltimore: No. 1512 Rice st. St.) 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Single

6-DATE OF BIRTH, (20) May 22, 1883
(Month) (Day) (Year)

7-AGE, 33 yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor.
(b) General nature of industry, business, or establishment in which employed (or employer): Odd work.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Perry Wright.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza Rollins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Eliza Wright
(Address) 1512 Rice St.

15- Filed JUN 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Apoplexy,
a few Minutes
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Do not know
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
(Coroner.)
June 15, 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death None yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? None
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
W. Fairmount	June 19, 1916
20-UNDERTAKER	ADDRESS
Sam'l. C. Hart & Son	1400 Mosher

C95866

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95866

1 PLACE OF DEATH — REGISTERED No. C 19

CITY OF BALTIMORE: (No 1518 N. Chapel St ST.: 8th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Mumme

(Residence in Baltimore: No. 1518 N. Chapel St — St.; 34 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH April (Month) 24 (Day), 1846 (Year)

7-AGE 70 yrs 1 mos 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): House Work

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER William Mumme

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Katherine Readinger

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs John Guard

(Address) Mt Washington Md

JUN 15 1916

Filed ....., 191 .....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10, 1916, to, June 12 1916, that I saw her alive on June 12 1916, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

Probably Chronic Valvular Disease of Heart

(Duration) yrs 6 mos 12 ds.

Contributory (SECONDARY) Edema Lungs

(Duration) yrs 5 mos 12 ds.

(Signed), Fritz J Kinzer M. D.

191 ..... [Address] 2700 Harford Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF ~~BURIAL~~ OR REMOVAL Baltimore Md DATE OF BURIAL June 13, 1916

20-UNDERTAKER H. C. Turner ADDRESS 1442 N. Broadway

THE CAUSE OF DEATH must be given. If unknown, state the fact. PHYSICIAN is very important. See instructions on back of certificate.

C95867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95867

REGISTERED No. C 168

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Yakel

(Residence in Baltimore: No. 1923 N. Fulton Ave St.; Lifetime ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 27, 1890
(Month) (Day) (Year)

7-AGE, 25 yrs. 11 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist Helper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Yakel

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER, Regina Nunn

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Regina Yakel

(Address) 1901 Edmondson Ave

15- Filed JUN 15 1916 HARRY C. ANDREWS. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an will hold Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns general about 14 hours Conflagration

(Duration) & Asphyxiation mos. ds.

CONTRIBUTORY (Secondary) (over)

(Duration) yrs. mos. ds.

(Signed) A. T. Riley M. D.
(Coroner)

Jun 15 1916 (Address) 1038 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Canton Plant Elevator

Former or usual residence 1923 N Fulton Ave

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, June 6 1916

20-UNDERTAKER Harry W. Eblen ADDRESS 1944 N. North Ave

over

Cause of DEATH must be plainly stated. Data furnished must be full and complete. Every question must be answered. Physicians are required to report promptly to the Health Department all cases coming under their observation. Certificates should be filed with the Registrar of the district in which death occurs, before the body is removed for burial. Certificates must be filed before a burial permit will be issued. Every certificate must be signed. Every item is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95868

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95868

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonora Biernacke

(Residence in Baltimore: No. 2719 Hudson St.; ....yrs., 9 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Sept. (Month) 12 (Day), 1915 (Year)

7-AGE, ...yrs. 9 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Antonie Biernacki

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Franciska Nowacki

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antoni Biernacka

(Address) 2719 Hudson St

15- Filed JUN 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1916, to June 14 1916, that I saw her alive on June 14 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Intoxication

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno. T. Johnston M. D.

6/15, 191.6 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 2719 Hudson St.

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus

DATE OF BURIAL, June 16 1916

20-UNDERTAKER Stephen J. Fralkowski

ADDRESS 1019 S. Kenwood Ave

Important. See instructions on back of certificate.

C95869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95869

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 726 Grindall Ct ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Blackistone

(Residence in Baltimore: No. 726 Grindall Ct St.; 43 yrs., ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Don't Know, 1 .....
(Month) (Day) (Year)

7-AGE, 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimor Md

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country), Don't know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Johnson

(Address) 726 Grindale Ct

15- Filed JUN 15 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) Otto M Reinhardt M. D.
(Coroner.)

June 14, 1916 (Address) 1017 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, June 15, 1916

20-UNDERTAKER M. Dayle & Sons — ADDRESS 15 E Lee St

Cases of death from contagious diseases should be reported at once by telephone. Care and attention of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

JUN 15 1916 C95870 **CERTIFICATE OF DEATH.** 43 C95870

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 W Fountain St ST.; 18 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Connell

(Residence in Baltimore: No. 1214 W Fountain St. 39 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, March 17, 1859 (Month) (Day) (Year)

7-AGE, 57 yrs. 2 mos. 28 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Straffin W Va

PARENTS.

10-NAME OF FATHER, John Conley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary Connell

(Address) 1214 W Fountain St

15- Filed JUN 15 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1 1916, to June 14 1916, that I saw h[illegible] alive on June 13 1916, and that death occurred, on the date stated above, at 5.20 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Gen'l Carcinoma of Breast

(Duration) 2 yrs. mos. ds.

(Signed) Dr A Buell M. D.

June 14, 1916 (Address) 108 N Bullitt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, June 17, 1916.

20-UNDERTAKER John J Fields — ADDRESS 1202 W Fountain st

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95871 × 61+ C95871

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; E 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles B Perkins

(Residence in Baltimore: No. Church Home & Infirmary St.; — yrs., — mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mar 21, 1897 (Month) (Day) (Year)

7-AGE, 19 yrs. 2 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pattern Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo. Perkins Jr.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sophia McCrouch

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Perkins

(Address) St. Helena Md.

15-

Filed JUN 15 1916 HARRY S. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11 1916, to June 13 1916, that I saw h im alive on June 13 1916, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis
(Probably Epidemic)

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Tra[illegible]mell Stars M. D.

June 13., 1916. (Address) Church Home & Infirm.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence St Helena Balto Co Md

19-PLACE OF BURIAL OR REMOVAL, Oakland Penn

DATE OF BURIAL, June 16, 1916.

20-UNDERTAKER Wm Cook

ADDRESS 502 E Monument

Important.—See instructions for filling out certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95872

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95872

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1453 Henry ST.; 2d WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Walker

(Residence in Baltimore: No. 1453 Henry St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, Married WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Mar 6, 1877. (Month) (Day) (Year)

7-AGE, 38 yrs. 7 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Lawrance Bamon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Burke

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Walker

(Address) 1453 Henry St.

15- FILED JUN 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 12 1916, that I saw her alive on June 12 1916, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Lung

(Duration) 0 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. K. Ushan M. D.

June 14, 1916 (Address) 3100 Harford Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery

DATE OF BURIAL JUN 16 1916

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C95873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 91 C95873

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver W. Catchings

(Residence in Baltimore: No. Johns Hopkins Hospital St.; — yrs., — mos., 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH: Sept. (Month) 21 (Day), 1872 (Year)

7-AGE,	If LESS than 1 day,
43 yrs. 8 mos. 24 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Central R. R.

9-BIRTHPLACE, (State or Country), Missouri

PARENTS.

10-NAME OF FATHER, J. C. Catchings

11-BIRTHPLACE OF FATHER (State or Country), Miss.

12-MAIDEN NAME OF MOTHER Florence Shearer

13-BIRTHPLACE OF MOTHER (State or Country), Miss

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. J. Heard

(Address) Johns Hopkins Hospital

15- Filed JUN 15 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7th 1916, to June 14th 1916, that I saw him alive on June 14th 1916, and that death occurred, on the date stated above, at 11.40 P m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia
Chronic x Acute Endocarditis
Mitral Stenosis
t (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)
(Duration) 10 yrs. ....mos. ....ds.

(Signed) Emmett Lee Bray M. D.
....., 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1407 Chambers St. Vicksburg, Miss.

19-PLACE OF BURIAL OR REMOVAL, Vicksburg Miss — DATE OF BURIAL, June 15, 1916

20-UNDERTAKER Albert S. Fuller — ADDRESS 222 N Bunday

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95874 C95874

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Garrison & Fernhill ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry S Carson

(Residence in Baltimore: No. Garrison & Fernhill Ave St.; 48 yrs., 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 7th, 1867 (Month) (Day) (Year)

7-AGE, 48 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Merchandise

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, David Carson

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Mary A Hogg

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H M Carson

(Address) 5 O's Law Bldg

15- Filed JUN 15 1916 ROBERT . KRAUTH, Burial Permit Clerk. —191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1916, to June 14 1916, that I saw h[im] alive on June 14 1916, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis.

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) James C. Clarke M. D.

June 15, 1916. (Address) 1201 Mund. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, June 16th, 1916.

20-UNDERTAKER Henry H Jenkins Sons Co

ADDRESS Mulloh & Orchard Sts

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95875 — 79 — C95875

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. In ambulance near Mercy hospital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James P Hall

(Residence in Baltimore: No. 1013-N. Wolf St.: yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... August (Month) ....., 1876 (Year)

7-AGE, ... 39 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter in Lunch House
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jas P Hall

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER El. Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C Edmund

(Address) 1032 Chapel

15- JUN 15 1916 Filed ....., 191.... ROBERT J. KRAUT Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) ....., 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Place ..... Cardiac Arrest .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Alcoholism .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

June 14, 1916. (Address) 665 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Cemetery — DATE OF BURIAL, June 16th 1916

20-UNDERTAKER Chas H Bailey — ADDRESS Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C95876

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C95876

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Cedar Ave. ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Daywalt

(Residence in Baltimore: No. 3102 Cedar Ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Aug. (Month) 22 (Day) 1854 (Year)

7-AGE: 61 yrs. 9 mos. 22 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Overseer at
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton Mills

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Alex. Daywalt

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Sarah Kennel

13-BIRTHPLACE OF MOTHER (State or country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Mrs. Jennie Daywalt (Informant)
3102 Cedar Ave. (Address)

15- Filed JUN 15 1916 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25, 1915, to, June 13th 1916, that I saw h.. alive on June 13th 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:
Arterio Sclerosis - Dilatation of Heart; Gangrene of left foot - necessitating amputation.
Indefinite
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Nephritis Anasarca
(Duration) ..... yrs. 4 mos. ..... ds.

(Signed), R. B. Norment M. D.
June 1 191.. [Address] 3647 Gardenia Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olive, Hampden | DATE OF BURIAL: June 16 191 6

20-UNDERTAKER: P. B. Marshall | ADDRESS: 3339 Falls Rd

TION is very important. See instructions on back of certificate.

C95877

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95877

1 PLACE OF DEATH

REGISTERED No. C 39

CITY OF BALTIMORE: (No. N. E. Cor. Poplar Grove & Baker Sts. St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Doyle

(Residence in Baltimore: No. N. E. Cor. Poplar Grove & Baker Sts. St.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH ..... (Month) ....., 1 ... (Day) ... (Year)

7-AGE 70 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retail Liquor Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country)
Athenry, Ireland

PARENTS

10-NAME OF FATHER: Patrick Doyle

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Cornaughton

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Frances W. Doyle

(Address) Poplar Grove & Baker Sts.

15- Filed JUN 15 1916 191 ROBERT , KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan, 1916, to June 15 1916, that I saw h[illegible] alive on June 14 1916, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue & Neck
Operation

(Duration) 1 yrs mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Charles F Bloy M. D.

Jun 15, 1916 [Address] 20 E Preston

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	6/17/16, 191
20-UNDERTAKER Henry W. Meyer & Sons	ADDRESS 305 N. Gabriel St.

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95878

CERTIFICATE OF DEATH.

6

C95878

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1138 W Stockton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W Green

(Residence in Baltimore: No. 1138 Stockton St St.; 5 yrs., 11 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 13 (Day), 1910 (Year)

7-AGE, 5 yrs. 11 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Richard W Green

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lula Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R W Green

(Address) 1138 Stockton

15- JUN 15 1916 Filed..... 191.....

ROBERT , KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 14 1916, that I saw h.. alive on June 14 1916, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....Broncho Pneumonia.....

..... (Duration).....yrs.....mos.....5.....ds.

CONTRIBUTORY (Secondary) Acute Nephritis Following

Measles (Duration).....yrs.....mos.....15.....ds.

(Signed) Wm N. Magee M. D.

June 14, 1916 (Address) 1209 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 16 1916

20-UNDERTAKER Clarence E Murphy — ADDRESS 1136 Mary

Important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095879

CERTIFICATE OF DEATH.

78 095879

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2112 Eastern Ave (St.) 1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Holland

(Residence in Baltimore: No.) 2112 Eastern Ave (St.) (57 yrs., 3 mos., 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Widowed

6-DATE OF BIRTH, March (Month) 10 (Day), 1859 (Year)

7-AGE: 57 yrs. 3 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (State or Country): Dont know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Ness

(Address) 2112 Eastern Annue

15- Filed JUN 15 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to June 14 1916, that I saw h[er] alive on June 14 1916, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Valvular disease

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Valentine M. D.

June 15, 1916 (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Cemetery

DATE OF BURIAL, 6/16, 191..

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Dr Valentine 16 S. Broadway

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

095880 095880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. The Plaza Park Ave & Wilson St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabell G. Allen

(Residence in Baltimore: No. The Plaza Park ave & Wilson St. St.; life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, April 12 (Month) (Day), 1857 (Year)

7-AGE, 59 yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, James Bronnel

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Wallis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M. Allen

(Address) The Plaza

15-JUN 16 1916 Filed ....., 19.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1915, to June 15 1916, that I saw h.. alive on June 14 1916, and that death occurred, on the date stated above, at 3. A. m.

The CAUSE OF DEATH* was as follows:

..... Uterus Cancer

Chronic Diagnosis One Year

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. H. Ritter M. D.

6-16-, 191.6 (Address) 1113 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, June 16, 1916

20-UNDERTAKER E. M. Mitchell & Co — ADDRESS 1011 W. Fayette

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 C95881

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Schroder ST.; 18 WARD) REGISTERED NO. C

2-FULL NAME Lucile Lyle

(Residence in Baltimore: No. 315 N. Schroder St.; Life yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1905 (Year)

7-AGE, 11 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Richard Lyle

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Maggie Ross

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph A. Farrell

(Address) 2319 Division St

15 Filed JUN 16 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to June 13th 1916, that I saw h[illegible] alive on June 12th 1916, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis
Mitral Regurgitation et
Asthenia
(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Rheumatism
(Duration) 1 yrs. 1 mos. 12 ds.

(Signed) John T. McCarthy M. D.

June 16, 1916. (Address) 656 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, MT Auburn cemetery

DATE OF BURIAL, June 16th, 1916.

20-UNDERTAKER Joseph A Farrell

ADDRESS 2319 Division St

If important, See instructions on back of certificate.

095882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169

095882

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Off Key Highway ST.: 22 WARD)
2-FULL NAME Charles B. Pierce c
(Residence in Baltimore: No. 516 W Lee.

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., 15 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male
4-COLOR OR RACE, Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, May 20, 1901
(Month) (Day) (Year)

7-AGE, 15 yrs. 24 mos. ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in
(b) General nature of industry, business, or establishment in which employed (or employer): Glass Factory

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Albert Pierce c
11-BIRTHPLACE OF FATHER (State or Country), Steubenville Ohio
12-MAIDEN NAME OF MOTHER, Eleanor Dixon c
13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ~~ABOVE~~ IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Eleanor Pierce c (mother)
(Address) 516 W Lee St

15- HARRY C. ARMS
Filed JUN 16 1916 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Accidental Drowning
(Duration)....yrs....mos....ds.
CONTRIBUTORY (Secondary)
(Duration)....yrs....mos....ds.
(Signed) H. R. Oppenlandt M. D.
(Coroner.)
June 14, 1916. (Address) 210 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?....
Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Int Auburn
DATE OF BURIAL, June 16 1916
20-UNDERTAKER John H. Toadvine
ADDRESS 142 Stiles St

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95883 C95883

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 W Hoffman St. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Thomas

(Residence in Baltimore: No. 611 W Hoffman St. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 94 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... In private family.

9-BIRTHPLACE, (State or Country), Baltimore Co Md

PARENTS.

10-NAME OF FATHER, One Know

11-BIRTHPLACE OF FATHER (State or Country), One Known

12-MAIDEN NAME OF MOTHER One Known

13-BIRTHPLACE OF MOTHER (State or Country), One Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L Cole

(Address) 611 W Hoffman St

15- JUN 16 1916 Filed....., 191.....

HARRY O. ANDREWS Burial Permit Clark Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1916, to June 15th 1916, that I saw him alive on June 14th 1916, and that death occurred, on the date stated above, at 11-30 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Senility)

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) W. L. Nicholls M. D.

June 15, 1916. (Address) 401 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, June 17 1916.

20-UNDERTAKER Felix B Ayd — ADDRESS 302 E Lexington St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C95884 C95884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Joseph, 1141 W Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph K. McAleer

(Residence in Baltimore: No. 1141 W. Lombard St.; 22 yrs. 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 11, 1894. (Month) (Day) (Year)

7-AGE, 22 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James C. McAleer

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Nellie L. Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nellie McAleer

(Address) 1141 W. Lombard st

15- Filed JUN 16 1916, 191.. HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to June 14 1916, that I saw him alive on June 16 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows: Tuberculosis Pulmonalis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. ds.

(Signed) John C. Bowers M. D.

6-14-, 1916. (Address) 130 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	June 17, 1916.
20-UNDERTAKER John J. Fields	ADDRESS 1200 W Lombard st

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95885 113 C95885

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 E. North ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank P Ward

(Residence in Baltimore: No. 1835 E North Ave St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Feby (Month) 24 (Day), 18 (Year)

7-AGE, 53 yrs. mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk in
(b) General nature of industry, business, or establishment in which employed (or employer) City Water Dept

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Ward

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Catherine Dennis

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mrs. Stella Utz

(Address) 1835 E. North Ave.

15- JUN-16 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to June 14 1916, that I saw h... alive on June 14 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) John T Owens M. D.

191... (Address) 1603 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, June 17 191.6

20-UNDERTAKER H. T. Turner ADDRESS 1444 N Broadway

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95886

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95886

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Charlotte Bobart

(Residence in Baltimore: No. 2403 E Lafayette Ave; St.; 81 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Tuckahoe (Day) 1835 (Year)

7-AGE, 81 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)..... School

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles C. Bobart

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER E. Swift

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Deetranz

(Address) 2403 E. Lafayette Ave

15- JUN 16 1916 HARRY C. AMELUNG

Filed....., 191.....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27th 1916, to June 15 1916, that I saw her alive on June 15th 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
Diabetic Gangrene
Unknown (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Horace W. Byers M. D.

June 15th, 1916. (Address) Church Home Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 8 yrs. 4 mos. 12 ds. In the State Since birth yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 2403 E Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 17 1916

20-UNDERTAKER Robt. Turner — ADDRESS 1742 N. Broadway

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95887 C95887 x146

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos. ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Biasuonger

(Residence in Baltimore: No. 3230 W. Baltimore St.) (If not in Baltimore give usual residence.) (If non-resident write word "Non-Resident" instead of street and number.) (Age: 57 yrs. 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write word.) Married

6-DATE OF BIRTH, Mar. 12, 1859 (Month) (Day) (Year)

7-AGE, 57 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, Wm J Biasuonger

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Mary J Bailie

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Biasuonger

(Address) 2230 W Baltimore St

15 JUN 16 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18 1916, to June 15 1916, that I saw him alive on June 15 1916, and that death occurred, on the date stated above, at 8 a, m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of Bones of foot (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Dyspnea (Duration) yrs. mos. 15 ds.

(Signed) Geo. A. Guard M. D.

June 15, 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 28 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 3230 W. Baltimore St.

19-PLACE OF BURIAL OR REMOVAL, Rosetown Balto Co Md — DATE OF BURIAL, June 18 1916

20-UNDERTAKER J. F. Edwin — ADDRESS Rosetown Md

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95888 C95888 40

CERTIFICATE OF DEATH

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95888

40 C95888

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1303½ Hanover ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lena Kern

(Residence in Baltimore: No. 1303 Hanover St.; 62 yrs. 4 mos. 15 ds.)

N. B.—Every item of information should be carefully supplied. Any item not known should be stated. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: January 20, 1854 (Month) (Day) (Year)

7 AGE: 62 yrs. 4 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Diehl

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Charlotta

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) August Kern (Lutana)

(Address) 1303 Hanover St.

15 JUN 16 1916 Filed ....., 191.... HARRY C. ANDERS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 14, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from February 24, 1916, to June 14 1916, that I saw her alive on June 14, 1916, and that death occurred, on the date stated above, at 12 50 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach and Intestines (Clinical Diagnosis)

(Duration) 1 yrs. 4 mos. — ds

Contributory (SECONDARY) Exhaustion (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.

June 14, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: June 16th 1916

20 UNDERTAKER: E Schlosman & Son ADDRESS 1039 Hanover St.

C95889

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 C95889

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1157 N. Whatcoat ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carie Gray

(Residence in Baltimore: No. 1157 N. Whatcoat St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Blk.	single

6-DATE OF BIRTH, June 14, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 1 hour ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 1157 N. Whatcoat

PARENTS.

10-NAME OF FATHER, Milton Gray

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Bertha Bowshire

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Gray

(Address) 1157 N. Whatcoat

15- FILED JUN 16 1916 ALBERT C. ANDERSON Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Non Closure of Foramen Ovale

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Not Known

(Duration) ....yrs....mos....ds.

(Signed) J. Wilkins M. D.
(Coroner)

June 15, 1916 (Address) 919 N. Sutton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? None

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Zion	June 16, 1916
20-UNDERTAKER James H. Dennis	ADDRESS 1303 Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

095890

HEALTH DEPARTMENT—CITY OF BALTIMORE

095890

CERTIFICATE OF DEATH.

15 28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 N Calhoun ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hollman

(Residence in Baltimore: No. 1341 N Calhoun St.; 17 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: May 31, 1877 (Month) (Day) (Year)

7-AGE: 39 yrs. ..... mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josepha Hollman

(Address) 1341 N. Baltimore

15-

Filed JUN 16 1916 191.... HARRY G. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8/1 1915, to 6/15 1916, that I saw her alive on 6/8 1916, and that death occurred, on the date stated above, at 3 30 Pm.

The CAUSE OF DEATH* was as follows:

Pulmonary
tuberculosis
(Duration) ..... yrs. 11 mos. ..... ds.

CONTRIBUTORY (Secondary) Sarcoma

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) J. M. Ritter M. D.

6/15, 1916. (Address) 713 Dan'l Hall Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 17 6, 191...

20-UNDERTAKER James H Dennis

ADDRESS 1303 Eutaw

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95891 64 C95891

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 Frederick Ave St.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter O. Collins

(Residence in Baltimore: No. 2621 Frederick Ave St.: 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, December 26, 1857 (Month) (Day) (Year)

7-AGE, 58 yrs. 5 mos. 18 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Millwright
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Fredrolsburg, Md.

PARENTS.

10-NAME OF FATHER, Peter N. Collins

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth G Hubbard

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Howard Ogburn M.D.

(Address) 701 N. Carrollton Ave

15- Filed JUN 16 1916 191

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11th 1916, to June 13th 1916, that I saw h[illegible] alive on June 13th 1916, and that death occurred, on the date stated above, at 12.40 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) 3 yrs. mos. ds.

(Signed) J. Howard Ogburn M. D.

June 14 191 6 (Address) 701 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Glen Mount Cem.

DATE OF BURIAL, June 16, 1916

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Balto St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95892 — 120 — C95892

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 N. Stricker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hammond D. Taylor

(Residence in Baltimore: No. 806 N. Stricker St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. (Month) 9 (Day), 1854 (Year)

7-AGE, 62 yrs. 4 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Merchant Retail
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 1 yr.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Hook Taylor

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Henrietta Zinger

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. R. Taylor

(Address) 15 E. Lee St

15- Filed JUN 16 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1916, to June 15 1916, that I saw him alive on June 14 1916, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Nephritis
about 2-3 years
(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Uremic Coma
(Duration)....yrs. 6 mos. 1/4 ds.

(Signed) Geo. H. Graves Jr. M. D.

June 15 1916, (Address) 1935 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 17, 1916

20-UNDERTAKER W. Doyle & Son ADDRESS 156 Lee St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95893 C95893

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 E. Fort Ave. ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. Gilpin Gaw

(Residence in Baltimore: No. 729 E. Fort Ave. St.; ..... yrs., ... mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, June 11, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 6 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Robert G. Gaw

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia A. Hahn

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. G. Gaw

(Address) 729 E. Fort Ave.

15- Filed JUN 17 1916, 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11 1916, to June 16 1916, that I saw h[illegible] alive on June 16 1916, and that death occurred, on the date stated above, at 11:5[illegible] m.

The CAUSE OF DEATH* was as follows:

Premature Birth

7 mo. Gestation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Philip A. Fowler M. D.

June 16, 1916. (Address) 1432 William St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, 6/17..., 191.6.

20-UNDERTAKER J. Fem McCully ADDRESS 39 E. Fort Ave.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95894

C95894

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S Wolfe ST.; W WARD)

2-FULL NAME Daniel A. Peters

(Residence in Baltimore: No. 220 S. Wolfe St.; Life yrs., mos., ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 26 (Day), 1889 (Year)

7-AGE, 27 yrs. 4 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Mfg

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Henry Peters

11-BIRTHPLACE OF FATHER (State or Country) Balto. Md.

12-MAIDEN NAME OF MOTHER Rosa Dissig

13-BIRTHPLACE OF MOTHER (State or Country) Boston Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Peters

(Address) 220 S Wolfe St.

15- Filed JUN-17-1916. ROBERT T. KRAUSER, 19 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to June 15 1916, that I saw h[illegible] alive on June 14 1916, and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

(Signed) Geo. Weller M. D.

June 15, 1916. (Address) 1937 Jonas St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, June 17 1916.

20-UNDERTAKER Wendell Ryland & Son ADDRESS 702 S. Sharp St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95895 C95895

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot. Infirmary ST.; 1514 Division St. WARD) 14

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Constance D Irwin.

(Residence in Baltimore: No. 1702 Pork Ave St.; ..... yrs., ... mos. unknown ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 27, 1893
(Month) (Day) (Year)

7-AGE 20 yrs. 9 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Student
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo. L. Irwin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Walkley

13-BIRTHPLACE OF MOTHER (State or Country), Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. L. Irwin

(Address) 1702 Pork Ave

15- Filed JUN 17 1916 ROBERT J. KRAUTER, Burial Permit Clerk. 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to June 16 1916, that I saw her alive on June 16 1916, and that death occurred, on the date stated above, at 2.14 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. F. Kieffer M. D.

June 16, 1916. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1702 Pork Ave

Former or usual residence 1702 Pork Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, June 19, 1916.

20-UNDERTAKER Stewart & Mowen Co. ADDRESS 1084 N. Howard St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C95896

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 926 N. Madeira ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Francis Bright.

(Residence in Baltimore: No. 926 N. Madeira St.; ..... yrs., 4 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 14 (Day), 1916 (Year)

7-AGE, ... yrs. 4 mos. 1 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Bright

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Francis Nook

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Bright

(Address) 926 N. Madeira

15-JUN 17 1916 Filed ....., 191.... Registrar.

ROBERT ... BRAUTIGAM
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1916, to June 15 1916, that I saw her alive on June 14 1916 and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Marasmus

Gastro Enteritis

(Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Kupper M. D.

June 16, 1916 (Address) 2008 Aliceanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer | DATE OF BURIAL, June 17 1916

20-UNDERTAKER Frank Crackston | ADDRESS 1904 Aliceanna

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95897 — 28 — C95897

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6384 N Belnord St.; ward) 8 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph F McDonald

(Residence in Baltimore: No. 6384 N Belnord Ave St.; Under yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): single

6-DATE OF BIRTH, March 4th, 1888 (Month) (Day) (Year)

7-AGE, 28 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Westminster Md.

PARENTS.

10-NAME OF FATHER, John McDonald

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Finch

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie McDonald

(Address) 6384 N Belnord Ave

15- Filed JUN 17 1916, 191 ROBERT E. KRAUTHOFF, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th 1915, to June 15th 1916, that I saw h[illegible] alive on June 15 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tuberculosis of Intestines

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) yrs. mos. ds.

(Signed) Edward H Mowles M. D.

June 16, 1916. (Address) 208 Mercantile

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Johns Cemetery Westminster — DATE OF BURIAL, June 17, 191

20-UNDERTAKER John A Moran — ADDRESS Bank & Aisquith

Important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Blks.

C95898 C95898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1304 James St. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Ogden

(Residence in Baltimore: No. 1304 James St. St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	

6-DATE OF BIRTH, June (Month) 16 (Day), 1916 (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, ...hrs. or 45 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Leroy Ogden

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Ina Wonder

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Le Roy Ogden

(Address) 1304 James St.

15- JUN 17 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1916, to Jun. 16 1916, that I saw h.. alive on Jun 16 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration).....yrs.....mos.....ds.

(Signed) Stephen A. D. Crim M. D.

June 16 1916 (Address) 1727 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	June 17, 1916.
20-UNDERTAKER	ADDRESS
James Dignan & Son	1000 S. Paca St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95899

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95899

CERTIFICATE OF DEATH.

x 53

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jewett.

(Residence in Baltimore: No. John Hopkins Hospital St.; — yrs., — mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September (Month) (Day) 1865 (Year)

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, John Jewett

11-BIRTHPLACE OF FATHER (State or Country), N. C

12-MAIDEN NAME OF MOTHER Hannah Thompson

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S Shelton

(Address) John Hopkins Hosp

15 JUN 17 1916 Filed 191

HENRY F. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 191 6, to June 17 191 6, that I saw h alive on June 17 191 6, and that death occurred, on the date stated above, at 7.25 a. m.

The CAUSE OF DEATH* was as follows:

Chronic hypertrophic Cirrhosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul R Colvert M. D.

June 17, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State — yrs. — mos. 11 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Otto, W. Va

19-PLACE OF BURIAL OR REMOVAL, Reinch N Va

DATE OF BURIAL. Jun 17, 1916

20-UNDERTAKER Albert E Fuller

ADDRESS 221 N Broadway

important. See instructions on back of certificate.

C95900 C95900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 240 S Bethel St ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hamilton Alexander Brood (Brown)

(Residence in Baltimore: No. 240 S. Bethel St St. 20 yrs., 7 mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (Write the word.) married

6-DATE OF BIRTH, Not known ..... (Month) ..... (Day) ....., 18 50 (Year)

7-AGE, 66 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer / Day

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Brown

11-BIRTHPLACE OF FATHER (State or Country), Santa Cruz

12-MAIDEN NAME OF MOTHER Georgana Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet Brood

(Address) 306 Bailes St

15- Filed JUN 17 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Not known (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Not known

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Lewis Lyon Austin (Coroner.) M. D.

June 16, 1916. (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, June 19, 16

20-UNDERTAKER John W Henderson

ADDRESS 31 N Carolina

C95901

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95901

64

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1528 N Patterson Park Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D Lutts

(Residence in Baltimore: No. 1528 N Patterson Park Ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 25, 1863
(Month) (Day) (Year)

7-AGE, 32 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer), B & O.

9-BIRTHPLACE, (State or Country), N C.

PARENTS.

10-NAME OF FATHER, John Lutts

11-BIRTHPLACE OF FATHER (State or Country), Phila Pa

12-MAIDEN NAME OF MOTHER, Celia Pendergast

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sallie Lutts

(Address) 1528 N Patterson Pk Ave

15-JUN 17 1916 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. K. Twomey M. D.
(Coroner.)

....., 191... (Address) 2538 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, June 19, 1916

20-UNDERTAKER Henry Rock & Son

ADDRESS 1301 E Eager St

CAUSE OF DEATH to be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95902

CERTIFICATE OF DEATH.

120 C95902

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Myrtle ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Johnson

(Residence in Baltimore: No. 409 Myrtle ave St.; 40 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month), (Day), 1831 (Year)

7-AGE, 85 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Stewart

(Address) 409 Myrtle ave

15-

Filed JUN 17 1916

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month), 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14th 1916, to June 16 1916, that I saw h er alive on June 15th 1916, and that death occurred, on the date stated above, at 12.50 P. m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

~~two~~ (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Intersticial Nephritis.

(Duration) 1 yrs. 3 mos. ds.

(Signed) Gustav W. Johnson M. D.

, 191... (Address) 656 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, June 18, 1916

20-UNDERTAKER Daniel Easton

ADDRESS 916 Pa - ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

JUN 17 1916 C95903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C95903

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 444 E Fleet St.; WARD) 20

REGISTERED NO. C

FULL NAME William Edward Draught.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 444 E Fleet St.

St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, December (Month) (Day), 1870 (Year)

7-AGE, 45 yrs. 6 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer (Day)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. A. Marden

(Address) 444 E Fleet St.

15- Filed JUN 17 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916, to June 15 1916, that I saw him alive on June 15 1916, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

Peritonitis, Diffused

Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY. Pulmonary Edema

(Secondary)

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Robert C Tuttle M. D.

June 15, 1916. (Address) 750 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. M. Guest — DATE OF BURIAL, June 17 1916

20-UNDERTAKER John J. Cowardin — ADDRESS 901 Hollins St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

Spec.—5-19-13—M. & T.—500 Bks.

C95904 C95904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 Jasper ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lemory Dyer

(Residence in Baltimore: No. 639 Jasper St.) 27 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1889 (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day. ..... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Piano Player
(b) General nature of industry, business, or establishment in which employed (or employer): (Saloon)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Lemuel Dyer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura Carr

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Carr

(Address) 1515 St Mary's St

15-

Filed JUN 17 1916 191 HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13. 1916, to June 11. 1916, that I saw h[illegible] alive on June 11. 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(Duration) yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 11 mos. ..... ds.

(Signed) [signature] M. D.

June 16 1916 (Address) 639 Jasper

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem DATE OF BURIAL, 6/19, 1916

20-UNDERTAKER Samuel Hemsley ADDRESS 5787 Bird St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95905 C95905

CERTIFICATE OF DEATH.

43

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Linden Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Kurt

(Residence in Baltimore: No. 911 Linden Ave St.; 10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 26 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Hair Dresser
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kurt

(Address) 911 Linden Ave

15-

Filed JUN 17 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1916, to June 16 1916, that I saw her alive on June 13 1916, and that death occurred, on the date stated above, at 10:4 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

Operation about 8 months ago

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Cancer of breast

(Duration) yrs. mos. ds.

(Signed) L. L. Hamilton M. D.

June 15 1916 (Address) 1212 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former usual residence Woodsboro Md

19-PLACE OF BURIAL OR REMOVAL, [redacted] DATE OF BURIAL, June 17, 1916

20-UNDERTAKER John A. Bishop ADDRESS 117 Druid Hill Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95906 HEALTH DEPARTMENT—CITY OF BALTIMORE C95906

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Park Heights Ave ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. ...)

2-FULL NAME Annie Laura Mathis

(Residence in Baltimore: No. 3414 Park Heights Ave St.; 11 yrs. ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 7th (Day), 1871 (Year)

7-AGE, 45 yrs. 1 mos. 9 da.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): Mother occupation

9-BIRTHPLACE, (State or Country), Dalton Ga

PARENTS.

10-NAME OF FATHER, Samuel Cox

11-BIRTHPLACE OF FATHER (State or Country), Dalton Ga

12-MAIDEN NAME OF MOTHER Nancy Garrett

13-BIRTHPLACE OF MOTHER (State or Country), Dalton Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hugh O'Brien

(Address) 2124 Maryland Ave

15- Filed JUN 17 1916 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 12th 1916, to June 15th 1916, that I saw h er alive on June 15th 1916, and that death occurred, on the date stated above, at 2.45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix Uteri

(Duration) 3 yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Pulmonary Metastasis

(Duration) 2 yrs. 4 mos. ... da.

(Signed) Hugh O'Brien M. D.

June 16, 1916 (Address) 2124 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, June 19, 1916

20-UNDERTAKER H E Hughes

ADDRESS 17 S Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95907 C95907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Smith

(Residence in Baltimore: No. 709 N. Potomac St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Sing.

6-DATE OF BIRTH, June 12, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. ..... ds.	5 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Hayden Wakefield

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Celia Smith

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Murray M.D.

(Address) Hosp.

15- JUN 17 1916 HARRY C. ANDREWS

Filed ..... 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to June 12 1916, that I saw h[illegible] alive on June 12 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity at 7 months

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John F. Murray M. D.

June 12, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	JUN. 15 1916, 191...
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bk...

Spec.—8-24-14—M. & T.—2000 Bks.

C95908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C95908

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (St.) (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Henson -

(Residence in Baltimore: No.) 404 N. Central Ave. St.; 0 yrs., 0 mos. 39 min. ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Infant

6-DATE OF BIRTH, June (Month) 15 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 0 ds.	0 hrs. or 39 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Milford Lowe

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Muriel Henson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. White -

(Address) Johns Hopkins Hospital

15- Filed JUN 17 1916, 191... HARRY C. ARCHER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to June 15 1916, that I saw him alive on June 15 1916, and that death occurred, on the date stated above, at 4:10 P.m.

The CAUSE OF DEATH* was as follows:

Non viable premature (7 months) Child

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) John Gheen M. D.

June 15, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. (39 min.) 0 ds. In the State 0 yrs. 0 mos. (39 min.) 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL — DATE OF BURIAL, JUN 19 1916

20-UNDERTAKER — ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95909 C95909

CERTIFICATE OF DEATH 172

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 10 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Sarah Courts

(Residence in Baltimore: No. Little Sisters of the Poor St.; Lyle yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, Nov 24, 1827 (Month) (Day) (Year)

7-AGE, 88 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Wolfenden

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Leydig Straus

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- JUN 17 1916 Filed ....., 191.... HENRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No Record, 191..., to ....., 191....., that I saw her alive on June 14 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Fracture of neck of thigh
Accidental fall on the floor
6 months (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos.....ds.

(Signed) F McWade M. D.

June 17, 1916. (Address) 1133 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 6 mos. In this State ~~yrs.~~ mos. ds.

Where was disease contracted if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 19, 1916

20-UNDERTAKER Easton Sons — ADDRESS Ellicott City

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95910 C95910

CERTIFICATE OF DEATH.

1

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Reich

(Residence in Baltimore: No. 113 Bloomberg St St.; 23 yrs., 11 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, July (Month) 4 (Day), 1892 (Year)

7-AGE, 23 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Balto., Maryland

PARENTS.

10-NAME OF FATHER, Wm Wedman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Switter

(Address) Johns Hopkins Hospital

15- Filed JUN 17 1916 HARRY C. ANDREWS Registrar of Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to June 16 1916, that I saw her alive on June 16 1916, and that death occurred, on the date stated above, at 10 55 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ....yrs. ....mos. 19 ds.

CONTRIBUTORY (Secondary) Spontaneous abortion (3 mo) 2 hr.

(Duration) ....yrs. ....mos. ....ds.

(Signed) Verne K. Mason M. D.

June 16 1916 (Address) J.H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 16 ds. In the State Life ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 113 Bloomberg St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, June 19, 1916

20-UNDERTAKER P. J. & M. E. Flynn — ADDRESS 1424 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95911 167 C95911

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp. St.; ..... WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Fowler.

(Residence in Baltimore: No. 1120 Ridgley St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male. 4-COLOR OR RACE, White. 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 19 (Day), 1912 (Year)

7-AGE, 3 yrs. 5 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.
10-NAME OF FATHER, Albert Fowler
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER Lillie Lewis
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Albert Fowler
(Address) 1120 Ridgley St.

15-JUN 17 1916 Filed ....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-14-1916, to 6-15-1916, that I saw h[illegible] alive on 6-15-1916, and that death occurred, on the date stated above, at 2[illegible] m.

The CAUSE OF DEATH was as follows:
2nd degree Burn.
Accidental Playing with matches
(Duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (Secondary) Acute Tetanus
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) P. L. Rush M. D.
6-15, 1916. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 0 yrs. 0 mos. 1 ds. In the State 3 yrs. 5 mos. 27 ds.
Where was disease contracted, if not at place of death? None -
Former or usual residence 1120 Ridgley St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery
DATE OF BURIAL, June 18th, 1916.
20-UNDERTAKER James Sign[illegible]
ADDRESS [illegible] 1010 Pace St.

(over)

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95912

CERTIFICATE OF DEATH.

30 C95912

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 214 S. Carlin's St; 3 WARD)
REGISTERED NO. C

2-FULL NAME Fanny Colliday
(Residence in Baltimore: No. 214 S. Carlin St St.; 5 yrs., 2 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single
6-DATE OF BIRTH April —, 1910 (Month) (Day) (Year)
7-AGE, 6 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work. Child (b) General nature of industry, business, or establishment in which employed (or employer).
9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.
10-NAME OF FATHER, Samuel Colliday
11-BIRTHPLACE OF FATHER (State or Country), Russia
12-MAIDEN NAME OF MOTHER Mollie Chainode
13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) J. Louis
(Address) 1441 E. Baltimore St

15- Filed JUN 17 1916 191. HARRY T. ANDREAE Registrar. Burial Permit Clerk

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1916, to June 15 1916, that I saw her alive on June 15 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

6/17, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 15 ds. In the State 2/12 yrs. mos. ds.
Where was disease contracted, if not at place of death? Cuba
Former or usual residence 214 S Carlin W

19-PLACE OF BURIAL OR REMOVAL, Workmen circle Interment — DATE OF BURIAL, 6/18, 1916

20-UNDERTAKER Jack Louis — ADDRESS E 13 Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C95913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C95913

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1538 N. Wolfe ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Bennett

(Residence in Baltimore: No. 1538 N. Wolfe St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... June (Month) 15 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Howard Bennett

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Virginia Schultz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Bennett

(Address) 1538 N. Wolfe St.

15- Filed JUN 17 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15th 1916, to June 16th 1916, that I saw ... alive on June 16th 1916, and that death occurred, on the date stated above, at 2:15 p.m.

The CAUSE OF DEATH* was as follows:

1. Fracture Base of Skull
2. .....
3. .....

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. O. Stone M. D.

June 16th 1916 (Address) 1501 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't | DATE OF BURIAL, June 17, 1916

20-UNDERTAKER Robt. T. Turner | ADDRESS 1442 N. Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95914 C95914

CERTIFICATE OF DEATH.

× 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Brown

(Residence in Baltimore: No. Md General Hospital St.; yrs., mos. 2 ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1873. (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Alfred Brown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Malinda Newman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. E. Brown

(Address) Mr. Ethel Brown

15- JUN 17 1916 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to June 16 1916, that I saw him alive on June 16 1916, and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Acute suppuration appendix
+ Intestinal obstruction

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) yrs. mos. 2 ds.

(Signed) Wm. E. Newman M. D.

6-16-, 1916. (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Mt Washington,

19-PLACE OF BURIAL OR REMOVAL Bear Hill Cemetery DATE OF BURIAL, June 18th, 1916.

20-UNDERTAKER Felix B Pye. ADDRESS 102 E Madison

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97915 40 C95915

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3775 Kossuth St. ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otis F. Clark

(Residence in Baltimore: No. 3775 Kossuth St. St.; 41 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, March (Month) 10th (Day), 1865. (Year)

7-AGE, 51 yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER, Charles Clark

11-BIRTHPLACE OF FATHER (State or Country), Washington D C

12-MAIDEN NAME OF MOTHER Charlott Merritt

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary F. Clark

(Address) 3775 Kossuth St.

15- JUN 17 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1916, to June 14 1916, that I saw h-im alive on June '3 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus
X Ray Examination
(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

June 17 1916 (Address) Owings Mills

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem.

DATE OF BURIAL, June 17th 1916.

20-UNDERTAKER Patrick A. Hannon

ADDRESS 911 E. Lombard St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95916 C95916

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1020 Warner ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Bertha M Fuller

(Residence in Baltimore: No. 1020 Warner St ... St.; 34 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov 27, 1858 (Month) (Day) (Year)

7-AGE, 57 yrs. 6 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil J. Fuller

(Address) 1020 Warner St

15- Filed JUN 17 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1916, to June 16 1916, that I saw h[illegible] alive on June 16 1916, and that death occurred, on the date stated above, at 12:54 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Exhaustion

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) ... yrs. ... mos. 1 ds.

(Signed) H. Thurman Burke M. D.

June 16, 1916 (Address) 835 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 19, 1916

20-UNDERTAKER C. Sellman & Son ADDRESS 1039 Hanover St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Eks.

C95917

HEALTH DEPARTMENT—CITY OF [illegible]

Spec.—8-24-14—M. & T.—2000 Eks.

C95917

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95917

CERTIFICATE OF DEATH.

x 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital 4 St. WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Hackett

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May 26, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. 0 mos. 22 ds.
If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jack Hackett

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Mulligan

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mercy Hosp
(Address) Calvert St

15-
Filed JUN 18 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1916, to June 17 1916, that I saw h[illegible] alive on June 17 1916, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:
Cardiac Failure Degeneration
(Duration) Not known yrs. mos. ds.
CONTRIBUTORY (Secondary) Broken Compression
Gangrene (Duration) yrs. 1 mos. ds.
(Signed) Edward H. Smith M. D.
June 17, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 24 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? Betterton Md.
Former or usual residence Betterton Md.

19-PLACE OF BURIAL OR REMOVAL, Betterton Md DATE OF BURIAL, June 18, 1916

20-UNDERTAKER H. C. Windsfeld ADDRESS 914 Greenmt Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95918

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 E. Monument ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Goldberg.

(Residence in Baltimore: No. 1028 E. Monument St.; 0 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 17 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 3 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Maryland.

PARENTS.

10-NAME OF FATHER, Goldberg, Isidor

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Landy Cecelia

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott S. Lecher

(Address) J. H. Hospital

15-

Filed JUN 18 1916, 191.. HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1916, to June 17 1916, that I saw him alive on June 17 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) yrs. mos. ds.

(Signed) John Thurman Jr. M. D.

June 17 1916 (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Washington Road

DATE OF BURIAL, June 18, 1916

20-UNDERTAKER Doak Lewis

ADDRESS E Balto St

important. See instructions on back of certificate.

C95919

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95919

CERTIFICATE OF DEATH.

157

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1028 Monument St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Goldberg

(Residence in Baltimore: No. 1028 Monument a.

St.; 1/6 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Jan ..... 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
31 yrs. ..... mos. ..... da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Goldberg

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sandy

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Jack Levin.....

(Address)..... 1411 E. Balto. St.....

15- JUN 18 1916 HENRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June ..... 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.
The CAUSE OF DEATH* was as follows:

..... Suicide by hanging, ...
..... no. of ..... mos. ..... Tailor, ...
..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) J. K. Insley ..... M. D.
(Coroner.)
....., 191... (Address) ..... M. C. Dunbar .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Washington Rd.	6/18/16
20-UNDERTAKER Jack Levin	ADDRESS E. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C95920

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ernestine Thomas

(Residence in Baltimore: No. 1411 Mosher St.; — yrs. 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 24th, 1916 (Month) (Day) (Year)

7-AGE, — yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Not any
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, George Thomas

11-BIRTHPLACE OF FATHER (State or Country), St Mary's Co. Md.

12-MAIDEN NAME OF MOTHER Rosa Stewart

13-BIRTHPLACE OF MOTHER (State or Country), St Mary's Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Thomas

(Address) 1411 Mosher St

15-

Filed JUN 18 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25th 1916, to June 17th 1916, that I saw her alive on June 17th 1916, and that death occurred, on the date stated above, at 10 4 m.

The CAUSE OF DEATH* was as follows:

(a) Marasmus

.....

.....

..... (Duration) — yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Inanition

..... (Duration) — yrs. — mos. 6 ds.

(Signed) William H. Sherman M. D.

June 17th, 1916. (Address) 1701 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, June 18 6, 191...

20-UNDERTAKER Cemetery

ADDRESS

James H. Dinn 1303 Pennsylvania Ave

important. See instructions on back of certificate.

C95921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C

C95921

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 548 St. Mary's ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wilson

(Residence in Baltimore: No. 548 St. Marys St.: Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) 12 (Day), 1894 (Year)

7-AGE 21 yrs. 9 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster shucker
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE. (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frank Wilson.

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Rachel Emory

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 548 St. Marys St

15- JUN 13 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Heart Trouble Chronic Alcoholism Broncho Pneumonia Contributory Not known

Duration: 2 yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Not known

Duration: yrs. mos. ds.

(Signed) J. Mills Thom M. D. (Coroner.)

June 15, 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	June 18 1916
20-UNDERTAKER James H. Dinny	ADDRESS 1303 Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95922

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95922

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 538 Kenwood Ave ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Joseph Kaifer

(Residence in Baltimore: No. 538 Kenwood ave St.; yrs., 2 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 16, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 23 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dependent
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Joseph M Kaifer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Montagnes Hall

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph M Kaifer

(Address) 538 Kenwood Ave

15- JUN 18 1916 HARRY C. ANDERTON

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.)
find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility
.....
.....
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature Birth 2 months
Pregnancy Prem 2 mos
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Lynch Buskirk M. D.
(Coroner)

June 17, 191.. (Address) 610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	June 18, 1916
20-UNDERTAKER	ADDRESS
Wendell Lippelson	378 Wmore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95923 C95923

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Cookin St.; 24 (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorenz Wiegert

(Residence in Baltimore: No. 1305 Cookin St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wiegert

(Address) 1305 Cookin St.

15- Filed JUN 18 1916, 191 HARRY [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jun 10 1916, to Jun 17 1916, that I saw h— alive on Jun 17 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Dropsy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 2 ds.

(Signed) R. L. Campbell M. D.

Jun 17, 191 6 (Address) 16 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. moc. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemty DATE OF BURIAL, Jun 19, 191 6

20-UNDERTAKER Mrs A Kohde Son ADDRESS 730 Penna Ave

important. See instructions on back of certificate.

C95924

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95924

1-PLACE OF DEATH

REGISTERED NO. 71

CITY OF BALTIMORE (No. 413 N. Pulaski ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur E. Lason

(Residence in Baltimore: No. 413 N. Pulaski St.; —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male.	White	Single

6-DATE OF BIRTH: Jan (Month) 18 (Day), 1916 (Year)

7-AGE: yrs. 4 mos. 30 ds. | If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Florida

PARENTS

10-NAME OF FATHER: Harry Lason.

11-BIRTHPLACE OF FATHER (State or country): Mass.

12-MAIDEN NAME OF MOTHER: Ida. A. Godermuth

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida A Lason

(Address) 413 N. Pulaski St

15. JUN 18 1916 Burial Permit Clerk
Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1916 to June 17 1916, that I saw him alive on June 11, 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Idiopathic Convulsions

(Duration) ..yrs. ..mos. 7 ds

Contributory (SECONDARY) Nephritis

(Duration) ..yrs. ..mos. 11 ds.

(Signed) Richard E. Harlan M. D.

June 17, 1916 (Address) 35 12 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: June 18, 1916

20-UNDERTAKER: Penover & Son | ADDRESS: 3617 Chestnut Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—20M6 Rbs

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95925 66 C95925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1745 Hanover St.; 23 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert D. Wells

(Residence in Baltimore: No. 1745 Hanover St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec (Month) 5 (Day), 1872 (Year)

7-AGE,	If LESS than 1 day,
43 yrs. 6 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): (Coca-Cola Co.)

9-BIRTHPLACE, (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, William Wells

11-BIRTHPLACE OF FATHER (State or Country), N. J.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wells

(Address) 1745 Hanover St.

15- Filed JUN 18 1916, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1915, to June 17 1916, that I saw h[illegible] alive on June 17 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Thrombosis

(Duration) 7 yrs. mos. 7 ds.

(Signed) R. T. Campbell M. D.

June 17, 191 6 (Address) 1644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	6/19, 1916
20-UNDERTAKER	ADDRESS
J. Fenn McCully	39 E. Fort.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95926

CERTIFICATE OF DEATH.

40 C95926

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 N. Bond ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chia Spetner

(Residence in Baltimore: No. 103 N. Bond St ST.; 4 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) M

6-DATE OF BIRTH Unknown (Month), (Day), 1846 (Year)

7-AGE, 70 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housemfe
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Bertz Lash

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Lamfett

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Levers

(Address) 1411 E. Balto.

15- Filed JUN 18 1916, 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1916, to June 18 1916, that I saw h[er] alive on June 17 1916, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Malignant Growth of the Jejunum Obstruction Intussusception

(Duration) Uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Rhein M. D.

June 18, 1916 (Address) 24 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos.....ds. In the State .....yrs. .....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Hebrew Rd Carmel DATE OF BURIAL, 6/18, 1916

20-UNDERTAKER Jack Levers ADDRESS E Balto St

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. All items must be carefully and correctly answered, as any omission or error may render the certificate useless. Every certificate must be signed by the physician who attended the deceased during his last illness, or by the coroner, if he has been notified of the death. Every certificate must be signed by the undertaker who has charge of the body. Every certificate must be signed by the informant, who must be a relative of the deceased, or the occupant of the house in which the death occurred, or the undertaker. Every certificate must be filed with the Registrar of Vital Statistics before a burial permit will be issued. All items must be carefully and correctly answered, as any omission or error may render the certificate useless. Every certificate must be signed by the physician who attended the deceased during his last illness, or by the coroner, if he has been notified of the death. Every certificate must be signed by the undertaker who has charge of the body. Every certificate must be signed by the informant, who must be a relative of the deceased, or the occupant of the house in which the death occurred, or the undertaker. Every certificate must be filed with the Registrar of Vital Statistics before a burial permit will be issued. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95927 181 C95927

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. CITY OF BALTIMORE (No. Pronounced dead at University Hospital St.) 18 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William J. Mulcahy.

(Residence in Baltimore: No. 41 S. Carey St. St.? yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male. | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March. (Month) 19. (Day), 1893 (Year)

7-AGE, 23 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer)..... helper

9-BIRTHPLACE, (State or Country), Richmond Va.

PARENTS.

10-NAME OF FATHER, John Mulcahy.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Hanora Gillis

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hanna Mulcahy

(Address) 41 S Carey

15-

Filed JUN 19 1916 191... HENRY C. ANDREWS Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Electric Shock by coming in contact with a boiler charged at Mt Clair Shops accidental (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) Albert L Dorsett M. D.

(Coroner)

June 18, 1916 (Address) 512 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?..... Mt Clair Shops

Former or usual residence..... 41 S Carey St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral | DATE OF BURIAL, June 19, 1916

20-UNDERTAKER John A Moran | ADDRESS Bank & Aisquith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95928

C95928

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank L. Tonnetorn

(Residence in Baltimore: No. 2002 E Lafayette Ave St.; 52 yrs., 8 mos., 13 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct. 4th, 1863. (Month) (Day) (Year)

7-AGE, 52 yrs. 8 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Christopher Tonnetorn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katharine Meeses

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizetta Tonnetorn

(Address) 2002 E. Lafayette

15- JUN 18 1916

Filed....., 191.... MARY E. ARNOLD

Registrar.

Burial Permit issued over

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1916, to June 17 1916, that I saw h[illegible] alive on June 17 1916, and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Surgical Shock

(Duration)....yrs....mos....1...ds.

CONTRIBUTORY (Secondary) Carcinoma of Rectum

(Duration) unknown yrs....mos....ds.

(Signed) W Houston Pearson M. D.

June 17., 191.6. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 1 mos....ds. In the State Life yrs....mos....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 2002 Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, June 20 191...

20-UNDERTAKER C. Schumacher Son ADDRESS 1030 Hanover St

Cause of death to be filled in plainly and correctly in every particular. Every question must be answered. Physicians will please remember that the information required is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95929 x151 C95929

CERTIFICATE OF DEATH.

4

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. Mercy Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Louise Gilly

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	S

6-DATE OF BIRTH, May 24, 1916
(Month) (Day) (Year)

7-AGE, ## yrs. ## mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Howard Gilly

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Kennon

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Eutaw St

15- JUN 19 1916 Filed....., 191.....
ROBERT . KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 191 , to June 18 191 , that I saw her alive on June 18 191 , and that death occurred, on the date stated above, at 11:20 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) 1 yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 2 yrs. mos. 25 ds.

(Signed) Edward L. Duncan M. D.

June 18, 191... (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 18 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Laurel Md.

Former or usual residence Laurel Md.

19-PLACE OF BURIAL OR REMOVAL, Laurel Md. DATE OF BURIAL, June 19, 191.6

20-UNDERTAKER Jos. J. Fahey & Bro ADDRESS 318 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

695930 695930

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Baum

(Residence in Baltimore: No. 2302 Essex St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 15th, 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul Baum

(Address) 2302 Essex St.

15- Filed JUN 19 1916 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12th 1916, to June 15th 1916, that I saw her alive on June 15th 1916, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) not Known yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) not Known yrs. mos. ds.

(Signed) Ernest M. J. Rieger M. D.

June 15, 1916. (Address) St. Jos. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? don't Know

Former or usual residence 2302 Essex St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart	June 19th, 1916.
20-UNDERTAKER Lilly & Zeiler	ADDRESS 4038 Wolfe St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C35931

CERTIFICATE OF DEATH.

REGISTERED No. C 35931

(PLACE OF DEATH

CITY OF BALTIMORE (No. 300 Lewis St.: 5 WARD) 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Forman

(Residence in Baltimore: No. 300 Lewis St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem'e	Blk	Widow

6-DATE OF BIRTH, June (Month) 1 (Day) 1 (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework,
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country), Balt.

PARENTS.

10-NAME OF FATHER, Dan Brown

11-BIRTHPLACE OF FATHER (State or Country), Dan Brown

12-MAIDEN NAME OF MOTHER Dan Brown

13-BIRTHPLACE OF MOTHER (State or Country) Dan Brown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Bell,

(Address) 300 Lewis St.

15- JUN 19 1916 ROBERT J. KRAUTER, Burial Permit Clerk.
Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Injury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. K. Sunday (Coroner.) M. D.

....., 191... (Address) 411 Dulaney St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cemetery	June 20 1916
20-UNDERTAKER Charles B. Jones	ADDRESS 2354 Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95932 HEALTH DEPARTMENT—CITY OF BALTIMORE C95932

165

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1825 Frederick av ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Bruns

(Residence in Baltimore: No. 1825 Frederick av St.; yrs. 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 15, 1916 (Month) (Day) (Year)

7-AGE, — yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Clarence J Bruns

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary W Scutt

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Scutt

(Address) 1825 Hamilton av

15- Filed JUN 19 1916, 191. ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11 191 6, to June 17 191 6, that I saw h[illegible] alive on June 17 191 6 and that death occurred, on the date stated above, at 4 15 m.

The CAUSE OF DEATH* was as follows:

Stung by a spider on
Sunday afternoon

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) General Toxemia

(Duration) yrs. mos. 7 ds.

(Signed) Joseph E. Muse M. D.

June 17 191 6 (Address) 1820 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral	June 19, 1916.
20-UNDERTAKER	ADDRESS
Geo. L. Schwab & Bro.	2101 Frederick Ave

CAUSE OF DEATH must be plainly written. All questions must be answered. Every item important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95933

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

C95933

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 11 N Stricker St St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah E. Haskins.

(Residence in Baltimore: No. 11 N Stricker. St.: 29 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: August (Month) 12 (Day), 1837 (Year)

7-AGE: 79 yrs. 10 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Concord N.H.

PARENTS

10-NAME OF FATHER: Thomas Coffin

11-BIRTHPLACE OF FATHER (State or country): Concord N.H.

12-MAIDEN NAME OF MOTHER: Betsy Hall

13-BIRTHPLACE OF MOTHER (State or country): Concord N.H.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hattie E. Haskins

(Address) 11 N Stricker St

15-JUN 19 1916 SCHEET . KRAUTER, Burial Permit Clerk

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 6 (Month) 17 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 13 -, 1916, to June 17 - 1916, that I saw h~~er~~ alive on June 17 -, 1916, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Old age

..... (Duration) ..... yrs. unknown mos. ds.

Contributory (SECONDARY) Struck by fall while crossing room. fell on by step.

Accident ..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Geo. A. L. Reinhardt M. D.

June 17, 1916 (Address) 2223 N Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Interment Rock Creek Cem Dc

DATE OF BURIAL: June 21, 1916

20-UNDERTAKER: Robert Burkeson

ADDRESS: Scaltsons

C95934 Samuel Lazarro C95934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Harbor Hospital 3 REGISTERED No. C 164

CITY OF BALTIMORE (No. 918 Daniel St ST.: WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Lazarro

Residence in Baltimore No. 914 Daniel St St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	White	Single

6-DATE OF BIRTH, June 17, 1906. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
10 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Joseph Lazarro

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Madelina Amalora

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Madelina Lazarro
(Address) 918 Daniel St

15- FILED JUN 19 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Yaw Cust M. D. (Coroner.)

June 17, 1916. (Address) 16 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cemetery	June 19, 1916
20-UNDERTAKER	ADDRESS
Leila Zeller	403 So Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 3976

095935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

095935

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2043 Bond St. ST.: 2 WARD) REGISTERED No. C 74

2-FULL NAME James J. Collins

(Residence in Baltimore: No. 2043 Bond St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Widower

6-DATE OF BIRTH, ... March ....., 1860
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..56..yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Manufacturing

9-BIRTHPLACE, (State or Country). Baltimore Maryland

PARENTS:
10-NAME OF FATHER, James W Collins
11-BIRTHPLACE OF FATHER (State or Country), Ireland
12-MAIDEN NAME OF MOTHER Mary A Fleming
13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Thomas E Collins

(Address) 2135 Wallbrook Ave

15- JUN 19 1916 Filed ..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probable Cerebral Hemorrhage
Acute Disease

General (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Sy ms Dudley M. D.
(Coroner)
June 17, 191.. (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loh Brook Cemetery

DATE OF BURIAL, June 20th 16

20-UNDERTAKER, Adolph Zeller

ADDRESS 403 S. Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Lena Baker

HEALTH DEPARTMENT, CITY OF BA

Lena Baker

C95936

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95936

CERTIFICATE OF DEATH

50

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 929 Baltimore 11 ST.: WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lena Baker

(Residence in Baltimore: No. 929 Baltimore St.: 63 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: January (Month), 1853 (Year)

7-AGE: 63 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Don't Know

11-BIRTHPLACE OF FATHER (State or country): Don't Know

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lena Wilkerson

(Address) 929 Baltimore St

15. Filed JUN 19 1916 ROBERT F. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1916, to Jun 18 1916, that I saw h[illegible] alive on Jun 17th, 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Gangrene of left foot

(Duration) yrs. 2 mos. ds.

(Signed) J. D. Beldent M. D.

6.18, 1916. (Address) 211 N. Laurada

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore — DATE OF BURIAL: June 20, 1916

20-UNDERTAKER: Daniel Easter — ADDRESS: 916 Pa - ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 95937

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital 6 St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hensley

(Residence in Baltimore: No. 1523 Fairmount Ave St.; yrs., mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. January, 1 (Month) (Day) (Year)

7-AGE. 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Fireman
(b) General nature of industry, business, or establishment in which employed (or employer). Government Reservation

9-BIRTHPLACE, (State or Country), Charles Co Md

PARENTS.

10-NAME OF FATHER, Ferdinand Jackson

11-BIRTHPLACE OF FATHER (State or Country), Charles Co Md

12-MAIDEN NAME OF MOTHER Caroline Hensley

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cordilia Hensley

(Address) 1523 Fairmount Ave

15-JUN 19 1916 Burial Permit Issued. KRAUTER, Registrar.

Filed ....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 16th, 1916. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 3rd 1916, to June 16 1916, that I saw h-im alive on June 16th 1916, and that death occurred, on the date stated above, at 10:45 A.M.

The CAUSE OF DEATH* was as follows:

Pericarditis with
Tuberculosis
Junknown
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema
(Duration) yrs. mos. 3 ds.

(Signed) Ernest M. Krieger M. D.
June 16 1916. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 13 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? don't Know
Former or usual residence 1523 Fairmount Ave

19-PLACE OF BURIAL OR REMOVAL, Charles Co Md — DATE OF BURIAL, June 22 1916.

20-UNDERTAKER John W Henderson — ADDRESS 317 Caroline Platers Station

CAUSE OF DEATH should be plain terms. Do not use abbreviations. Each item should be carefully considered, and all the information given should be important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95938 C95938

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 E. Pratt St.: 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Lindenmeyer

(Residence in Baltimore: No. 2518 E. Pratt. St.: 45 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, June (Month) 22 (Day) 1845 (Year)

7-AGE, 70 yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Lindenmeyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Bach

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rudolph Lindenmeyer

(Address) 2518 E. Pratt St.

15- JUN 19 1916 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to June 14 1916, that I saw him alive on June 14 1916, and that death occurred, on the date stated above, at 2.15 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Traum. Cataract (Duration) yrs. 1 mos. 2 ds.

(Signed) Dr. Theo. W. Valentine M. D.

June 16, 1916 (Address) 34 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, June 19, 1916

20-UNDERTAKER F. B. Kephart

ADDRESS 1738 Fred'k Av

CAUSE OF DEATH to be filled in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—8-24-16—M. & T.—2000 Bks.

C95939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 109

C95939

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Pokorny

(Residence in Baltimore: No. 2826 E Madison St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 9 mos.....ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Pokorny

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mc Known

13-BIRTHPLACE OF MOTHER (State or Country), Md Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital

15- ROBERT . KRAUTER, Registrar.

Filed JUN 19 1916, 191.... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1916, to June 18 1916, that I saw him alive on June 18 1916, and that death occurred, on the date stated above, at 2.45 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
(Intussusception)

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)
Operation (Duration) ....yrs. ....mos. ....ds.

(Signed) George K. Dunn M. D.

June 18, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2826 E. Madison St

19-PLACE OF BURIAL, OR REMOVAL, Oak Hill Cem. DATE OF BURIAL, June 20 1916

20-UNDERTAKER Geo M. Frame ADDRESS 811 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95940 C95940

CERTIFICATE OF DEATH.

REGISTERED NO. C 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2843 W. North Ave. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Mullikin.

(Residence in Baltimore: No. 2843 W. North Ave. St.; 40 yrs., 6 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, December 18, 1875.
(Month) (Day) (Year)

7-AGE, 40 yrs. 6 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer): none.

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER. Wm. Emory Smuck.

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania.

12-MAIDEN NAME OF MOTHER Sarah A. Thompson.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Sam'l. E. Mullikin, (Husband)

(Address) 2843 W. North Ave.

15 JUN 19 1916 ROBERT . KRAUSE,
Filed....., 19... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 14 1916, to June 18 1916, that I saw h.. alive on June 18 1916, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

about (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchial Extension from Carcinoma of Breast. (Duration) yrs. ... mos. ... ds.

(Signed) ... M. D.

June 19, 1916. (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery. DATE OF BURIAL, June 21, 1916.

20-UNDERTAKER Stewart & Mowen Com'y. ADDRESS 108W. North Av

CAUSE OF DEATH to be plainly written. No abbreviations or ditto marks. Every question must be answered if possible. Omissions may delay the issuance of burial permit. Information required is for the registration of vital statistics and is important. See instructions on back of certificate.

C95941 HEALTH DEPARTMENT

C95941

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95941

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 3109 Elliot St

CITY OF BALTIMORE (No. 3109 Elliot St ST.: 1 WARD)

REGISTERED No. C 104

2-FULL NAME George R Thomas

(Residence in Baltimore: No. 3109 Elliot St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. 47 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 3, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 16 mos. 17 ds.	....hrs. or....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Harry O Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louisa Kemp

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louisa Thomas

(Address) 3109 Elliot St

15-JUN 19 1916 ROBERT . KRAUTER.
Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Not known (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Overfeeding

..... (Duration).....yrs.....mos.....ds.

(Signed) Chas. Syme Asst. Coroner. M. D.
(Coroner.)

June 19, 1916 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ft Evangelical	June 20, 1916
20-UNDERTAKER	ADDRESS
H Sander & Sons	1710 Ft Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C95942

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 N. Conway St. ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Kraemer

(Residence in Baltimore: No. 129 N. Conway St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 9 (Month) (Day), 1868 (Year)

7-AGE, 48 yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrical
(b) General nature of industry, business, or establishment in which employed (or employer): type finisher

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John C Kraemer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary J Byrd

13-BIRTHPLACE OF MOTHER (State or Country), city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E Shane

(Address) 617 241 St.

15- JUN 19 1916 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15th 1916, to June 18th 1916, that I saw h[illegible] alive on June 18th 1916, and that death occurred, on the date stated above, at 12.15 [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) ... yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Edgar Shirley Perkins M. D.

June 18th, 1916. (Address) Rochambeau Apt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 20, 1916

20-UNDERTAKER Wm J Lefevre & Son — ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95943 C95943

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital ST.; 9 WARD)
REGISTERED NO. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Robert Owens.

(Residence in Baltimore: No. 813 E. 41 St. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~ MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. (Month) 8 (Day) 1890 (Year)

7-AGE, 26 yrs. 9 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman Concrete Construction
(b) General nature of industry, business, or establishment in which employed (or employer): Phoenix Construction Co

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, H. H. Owens

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Virginia Carrick

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hiram H. Owens

(Address) 3026 Priestman St.

15- JUN 19 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1916, to June 18 1916, that I saw h~~im~~ alive on June 18 1916, and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Septic Infection due either to infection of neck, Left hand or left foot (nail injury) (Duration) yrs. mos. 4 ds.

CONTRIBUTORY. (Secondary) Septic Bronchitis (Duration) yrs. mos. 1 ds.

(Signed) John Owens M. D.

June 18, 1916. (Address) 502 Franklin Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 26 yrs. 9 mos. 10 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 813 E 41 St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore County June 20 1916. DATE OF BURIAL,

20-UNDERTAKER W. J. Tuxpenn Son ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C95944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C95944

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Fisher

(Residence in Baltimore: No. 1120 Saratoga St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 16 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At School
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Dennis Fisher

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Julia Ranson

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. P. Hartsock M.D.

(Address) 1121 W. Cornelius Ave

15- Filed JUN 19 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1916, to June 17th 1916, that I saw her alive on June 17th 1916 and that death occurred, on the date stated above, at 1245 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. P. Hartsock M. D.

6/18, 1916 (Address) 1121 W. Cornelius Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, June 20, 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 2358 N. Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95845 C95945

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 N. W. Lexington ST.; 18 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Nicholas Heimbuch

(Residence in Baltimore: No. 8 N. W. Lexington St.; 60 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 24, (Day) 1841 (Year)

7-AGE, 74 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.? X

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe maker
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. A. Heimbuch

(Address) 8 N. W. Lexington St.

15- Filed JUN 19 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1916, to June 19 1916, that I saw him alive on June 17 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis (right Hemiplegia
Apoplexy.) Brights disease

(Duration) 2 yrs. X mos. X ds.

CONTRIBUTORY (Secondary) Uremic exhaustion

(Duration) X yrs. X mos. 7 ds.

(Signed) P. Burdon M. D.

6/19, 191.6 (Address) 1 W. Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park — DATE OF BURIAL, 6/21, 1916.

20-UNDERTAKER William Cook — ADDRESS 502 E. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8.24-14—M. & T.—2000 Bks.

C95946 C95946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Diamond

(Residence in Baltimore: No. 835 Willow St St.; 5 yrs., — mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, Nov 5, 1869. (Month) (Day) (Year)

7-AGE, 46 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Telephone Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Diamond

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary J Bean

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C J Smith

(Address) Johns Hopkins Hospital

15 JUN 19 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1916, to June 18 1916, that I saw him alive on June 18 1916, and that death occurred, on the date stated above, at 6 40 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. 2 mos. ..... ds.,

(Signed) W. T. Mason M. D.

VI. 19., 1916. (Address) J. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 835 Willow St

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery DATE OF BURIAL, 6/21..., 1916

20-UNDERTAKER William Cook ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95947 C95947 113

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. 1808 W. Lexington ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zacharias Fischer

(Residence in Baltimore: No. 1808 W. Lexington St.; 45 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month), (Day), 1851 (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Chef
(b) General nature of industry, business, or establishment in which employed (or employer). Leachs Hotel

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Casper Fischer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Arthur Farmer

(Address) 1808 W Lexington St

15- JUN 19 1916 Filed, ... 191.. JUN 19 1916 Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June 15th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7th 1916, to June 15th 1916, that I saw h[illegible] alive on June 14th 1916, and that death occurred, on the date stated above, at 2:00 a.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John A. R. Magee M. D.

June 19, 1916. (Address) 602 West Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, June 19, 1916.

20-UNDERTAKER Geo A Gerke

ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95948 C95948

CERTIFICATE OF DEATH.

28

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W. Montgomery ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Carroll

(Residence in Baltimore: No. 110 W. Montgomery st ; St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. Saml Carroll.

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Mollie Brooks.

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Arnold Carroll .....

(Address). 110 W. Montgomery st

15- JUN 20 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1916, to June 17 1916, that I saw her alive on June 17 1916, and that death occurred, on the date stated above, at 2.30 P.m.

The CAUSE OF DEATH* was as follows:

Primary Pulmonary Tuberculosis

Immediate Exhaustion

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) J. P. Shuman ..... M. D.

6/19/1916 (Address) 506 Hanover st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Ct

DATE OF BURIAL, June 20, 1916.

20-UNDERTAKER L. H. Brown & Son

ADDRESS 108 W. Mont. st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95949 64 C95949

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1728 Presstman St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvin Williams

(Residence in Baltimore: No. 1728 Presstman St.; 21 yrs., 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov (Month) 21 (Day), 1894 (Year)

7-AGE, 21 yrs. 6 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Calvin Williams

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Alice Meade

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Gross

(Address) 182 Fall Road

15- Filed JUN 20 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1916, to June 17 1916, that I saw h[illegible] alive on June 17 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Meningeal Cerebral Hemorrhage

(Duration) yrs. 2 hours

CONTRIBUTORY (Secondary) Aneurisms

(Duration) yrs. mos. ds.

(Signed) J. C. Clark M. D.

June 18 1916 (Address) 1313 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, June 20, 1916

20-UNDERTAKER George W. Holland — ADDRESS 512 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95950

CERTIFICATE OF DEATH.

19 C95950

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Byrne

(Residence in Baltimore: No. 107 S. Schroeder St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ..., 1854
(Month) (Day) (Year)

7-AGE, 62 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Street Sweeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Byrne

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Delia Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Byrne

(Address) 107 S. Schroeder St.

15- JUN 20 1916 ROBERT . KRAUTER, Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6/18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/22 1916, to 6/18 1916, that I saw h.. alive on 6/18 1916, and that death occurred, on the date stated above, at 1030 p m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease with Dropsy Complication

Contributory

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Harry M. Stein M. D.

6/18, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 7 ds. In the State 35 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 107 S. Schroeder St.

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, June 21, 1916

20-UNDERTAKER John F. Lowman & Son

ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95951

CERTIFICATE OF DEATH.

19 C95951

C95951 C95951

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1411 S Carey St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Edna Hudlin

(Residence in Baltimore: No. 1411 S Carey St.: 11 yrs. 2 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Mch 30, 1905 (Month) (Day) (Year)

7-AGE: 11 yrs. 2 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: school
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Harry Hudlin

11-BIRTHPLACE OF FATHER (State or country): Ill.

12-MAIDEN NAME OF MOTHER: Ellen McKoon

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Hudlin

(Address) 1411 S Carey st

Filed JUN 20 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to June 18 1916
that I saw her alive on June 17, 1916
and that death occurred, on the date stated above, at 3.10A m.
The CAUSE OF DEATH* was as follows:

Heart disease
Mitral Regurgitation
(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) same
(Duration) ..... yrs. 6 mos. ..... ds.

(Signed), Geo. L. McTiffen M. D.
June 18, 1916 (Address) Morrell Park Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: June 20, 1916

20-UNDERTAKER: John J. Bowman Jr — ADDRESS: 901 Hollins St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95952

CERTIFICATE OF DEATH.

1920

C95952

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 N. Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Pease

(Residence in Baltimore: No. 1042 N. Saratoga St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... November (Month) ..... (Day) 1850 (Year)

7-AGE, 66 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Caleb Pearl Cushman

11-BIRTHPLACE OF FATHER (State or Country), Indiana

12-MAIDEN NAME OF MOTHER Cushman

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Pease

(Address) 1042 N. Saratoga St.

15- JUN 20 1916 Filed ..... 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to June 18 1916, that I saw h[e] alive on June 17 1916, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) E. Woodbridge M. D.

6/19/16 191... (Address) 24 W Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, June 20, 1916

20-UNDERTAKER John J. Cowan — ADDRESS 707 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95953

C95953

CERTIFICATE OF DEATH.

1920

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 N. Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Pease

(Residence in Baltimore: No. 1042 N. Saratoga St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.)
Male	White	Married

6-DATE OF BIRTH, ... March (Month) ..... (Day) 1850 (Year)

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Caleb Pearl Cushman

11-BIRTHPLACE OF FATHER (State or Country), Indiana

12-MAIDEN NAME OF MOTHER Cushman

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Pease

(Address) 1042 N. Saratoga St.

15- JUN 20 1916 Filed ..... 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to June 18 1916, that I saw h[e] alive on June 17 1916, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) E. Woodbridge M. D.

6/19/16 191... (Address) 24 W Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, June 20, 1916

20-UNDERTAKER John J. Cowan — ADDRESS 707 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95953 C95953

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1615 W Saratoga ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Anderson

(Residence in Baltimore: No. 1615 W Saratoga St.; 5 yrs., ... mos. ..... ds.)

3 years in City

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Fem

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 8 (Day), 1871 (Year)

7-AGE, 44 yrs. 11 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Samuel Butler

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Caroline Beckett

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Anderson

(Address) 16 N W Saratoga

15-

Filed JUN 20 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 28 1916, to June 18 1916, that I saw her alive on June 17 1916, and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Sub Acute Bronchitis

Mitral Regurgitation

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Wm A. Wright M. D.

June 18, 1916 (Address) 1209 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 21, 1916

20-UNDERTAKER Samuel Stanley — ADDRESS 845 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95954

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

C95954

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 N. Caroline ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Brosnan

(Residence in Baltimore: No. 1506 N. Caroline St.; 40 yrs. ~ mos. ~ ds.)

abus.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not known ....., 1 .....
(Month) (Day) (Year)

7-AGE, Years 54 yrs. ~ mos. ~ ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Grocery
(b) General nature of industry, business, or establishment in which employed (or employer)..... Store Merchant

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Daniel Brosnan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Brosnan

(Address) 1506 N. Caroline St

15 JUN 20 1916 Filed....., 191... ROBERT . KRAUTER Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from about May 1913, to June 18 1916, that I saw h.. alive on June 18 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Arteriosclerosis

..... (Duration) 3 yrs. ~ mos. ~ ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

..... (Duration) ..... yrs. 1 mos. ~ ds.

(Signed) Bernard Wm. M. D.

6/19, 1916 (Address) 914 E. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, June 21, 1916

20-UNDERTAKER Henry Stoeck Son

ADDRESS 1301 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95955 1 C95955

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH Lutheran Hosp.

CITY OF BALTIMORE: (No. 1122 N. Mount St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Leslie Keinig

(Residence in Baltimore: No. 1111 N. Mount St.; 24 yrs., 9 mos. 26 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (~~Write the word.~~) Married

6-DATE OF BIRTH, April 23, 1892 (Month) (Day) (Year)

7-AGE, 24 yrs. 1 mos. 26 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Electrical
(b) General nature of industry, business, or establishment in which employed (or employer), Apprentice

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm Geo. Keinig

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Jennie Hildebrand

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Geo. Keinig

(Address) 713 N. Strick St.

15- Filed JUN 20 1916 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 191 6, to June 19 191 6, that I saw him alive on June 19 191 6, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) .... yrs. .... mos. 1 ds.

CONTRIBUTORY (Secondary) Typhoid

(Duration) .... yrs. .... mos. 2-1 ds.

(Signed) Martin L. Lamb M. D.

June 19, 1916. (Address) 8 a. N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 21 ds. In the State 24 yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? E. Cath Bura

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, June 21, 1916

20-UNDERTAKER Wm A Rolde & Son — ADDRESS 730 Penna Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095956 66 095956

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 W. Lanvale St. 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Hall

(Residence in Baltimore: No. 532 W Lanvale St. St.; 53 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, (White)

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 10, 1860 (Month) (Day) (Year)

7-AGE, 56 yrs. 3 mos. 9 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Laundress

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, William Thomas

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Laura Garrett

(Address) 532 W. Lanvale St.

15-JUN 20 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 16th 1916 to June 17 1916, that I saw her alive on June 16th 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Carey M. D.

June 20th, 1916. (Address) 1316 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 21 1916

20-UNDERTAKER Wilbert Brown — ADDRESS 306 N. Mount St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95957

CERTIFICATE OF DEATH.

1916 C95957

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Vincent ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Sisco

(Residence in Baltimore: No. 1110 Vincent St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: March (Month) 8 (Day), 1914 (Year)

7-AGE: 2 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore.

PARENTS.

10-NAME OF FATHER: John W. Sisco

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Marie Nelson

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Sisco

(Address) 1110 N. Vincent St.

15-JUN 20 1916 Filed ROBERT . KRAUTER, Burial Permit Clerk By Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~June~~ May 1 1916 to June 18 1916, that I saw her alive on June 17 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

1. Marasmus
Faulty feeding & Malnutrition
(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure
(Duration) yrs. mos. 3 ds.

(Signed) Chas. E. Clark M. D.

June 20, 1916 (Address) 1310 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: June 20 1916

20-UNDERTAKER: James H Dennis — ADDRESS: 130 Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95958

CERTIFICATE OF DEATH.

30 C95958

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 N. Bond ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian M. Dodd

(Residence in Baltimore: No. 928 N Bond St.; 2 yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, April 19, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 2 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, Wm Dodd

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Pearl Staylor

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Dodd

(Address) 928 N. Bond

15- Filed JUN 20 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 1916, to June 18 1916, that I saw h[illegible] alive on June 17 1916 and that death occurred, on the date stated above at 12.25 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonitis

(Duration) ....yrs....mos. 11 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) Everett E. Lamb M. D.

June 19, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Farmer or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Balto Com

DATE OF BURIAL, June 23, 1916

20-UNDERTAKER Philip Herrig

ADDRESS 706 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95959

CERTIFICATE OF DEATH.

64 C95959

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Riverside Ave ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Emily Hall

(Residence in Baltimore: No. 1231 Riverside Ave St.; 33 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 15 (Day), 1854 (Year)

7-AGE, 61 yrs. 11 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James B Speddeu

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susie E Hedden

13-BIRTHPLACE OF MOTHER (State or Country), Pendleton

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard E. Hall

(Address) 1231 Riverside Ave

15- Filed JUN 20 1916 Burial Permit Clerk. ROBERT . BRAUER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1916, to June 18 1916, that I saw h[er] alive on June 18 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as followa:

Cerebral apoplexy

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) yrs. 6 mos. ds.

(Signed) Wm E Little M. D.

6/18, 1916. (Address) 1319 Leghet St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Butchemetery — DATE OF BURIAL, June 20.., 1916.

20-UNDERTAKER First E Evans & Son — ADDRESS 1428 N Charles

28

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95960 C95960

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Selby

(Residence in Baltimore: No. 1142 Riverside Ave St.; ....yrs., 10 mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, July 6, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Wm Selby

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Molly Hitzelberger

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15. JUN 20 1916 Filed ..... 191.....

ROBERT J. KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1916, to June 18 1916, that I saw h alive on June 18 1916, (and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:

.....

Broncho - Pneumonia

.....

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Empyema & Operation

..... (Duration) ....yrs. ....mos. ? ....ds.

(Signed) G. K. A. Lodes M. D.

June 19, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? "

Former or usual residence 1142 Riverside Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, June 20, 1916

20-UNDERTAKER Miss J E Evans & Sons — ADDRESS 1428 E Chase

Spec.—8-24-14—M. & T.—2000 Blks. Lotta A. Barty

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95961 29 C95961

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1005 McCulloh ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lotta A. Barty

(Residence in Baltimore: No. 1005 McCulloh St.; Lifetime yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 4, 1[illegible] (Month) (Day) (Year)

7-AGE, 34 yrs. mos. 14 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Charles P Barty.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Lotta a Lind

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles P Barty

(Address) 1005 McCulloh St

15- JUN 20 1916 ROBERT . KRAUTER, Filed....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25th 1916, to June 18th 1916, that I saw h[illegible] alive on June 18th 1916, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Acute Phthisis

(Duration) Abt 4 Weeks yrs. mos. ds.

CONTRIBUTORY (Secondary) Phthisis Pulmonal

(Duration) 3 yrs. mos. ds.

(Signed) [illegible] M. D.

June 19 1916 (Address) 2 E. 7th Chester Pa

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, June 21, 1916

20-UNDERTAKER W M S Courtenay

ADDRESS 23 E Lanvale

C95962

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95962

CERTIFICATE OF DEATH.

REGISTERED No. C 95962 78

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1706 Hollins St ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Addie Rebecca Muldoon

(Residence in Baltimore: No. 1706 Hollins St St.; 55 yrs., 4 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Feb (Month) 6 (Day), 1861 (Year)

7-AGE, 55 yrs. 4 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Marion Springer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca J. Stevens

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jerome J. C. Stevens

(Address) 1706 Hollins St

15- JUN 20 1916 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilation of heart (Duration) ..... yrs. 15 Mos mos. ..... ds.

(Signed) James M. Foulon M. D. (Coroner.)

June 18 1916 (Address) 200 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, June 20 1916

20-UNDERTAKER, Joseph R Cook — ADDRESS, 1003 W Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95963

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1329 E Fayette St.; 9 WARD)

REGISTERED NO. C 95963

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lee Hoggson -

(Residence in Baltimore: No. 1329 E Fayette St.; 47 yrs., 11 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 26, 1873
(Month) (Day) (Year)

7-AGE, 47 yrs. 11 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore American

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Hamilton S. Hoggson

11-BIRTHPLACE OF FATHER (State or Country), Glasgow Scotland

12-MAIDEN NAME OF MOTHER, Mary A. Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Sherwood

(Address) 3910 Alto Ave -

15- ROBERT . KRAUTER,
Filed JUN 20 1916 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1916, to June 18 1916, that I saw h[illegible] alive on June 18 1916, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic disease of Heart -

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

( ) (Duration) yrs. mos. ds.

(Signed) H. J. Geo[illegible] M. D.

June 19, 1916. (Address) 6 x x N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem.

DATE OF BURIAL, June 21, 1916.

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St

N. B. ENTRIES MUST BE MADE IN INK. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF

Spec.—8-24-14—M. & T.—2000 Bks.

C95964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43

C95964

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Eutaw Place ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Benson

(Residence in Baltimore: No. 1404 Eutaw Place St.; 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, February (Month) 12 (Day), 1842 (Year)

7-AGE, 74 yrs. 4 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Chester Co., Pa.

PARENTS.

10-NAME OF FATHER, Matthew Barker,

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co., Md.

12-MAIDEN NAME OF MOTHER Jane Kennedy

13-BIRTHPLACE OF MOTHER (State or Country), Port Kennedy, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin F. Benson,

(Address) 2617 Violet Ave.

15- JUN 20 1916 191 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18 1916, to June 18 1916, that I saw her alive on June 17 1916, and that death occurred, on the date stated above, at 5.30 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

operation Nov 15 1915

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalization

(Duration) yrs. 3 mos. ds.

(Signed) H. O. Feltenstein M. D.

6/19, 1916. (Address) 2042 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 20, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto. St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95965 HEALTH DEPARTMENT—CITY OF BALTIMORE C95965

CERTIFICATE OF DEATH.

× 87

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. Gen. Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Boston Marshall.

(Residence in Baltimore: No. Dayton, Howard Co., Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Col'd	single

6-DATE OF BIRTH, Not known, 1 (Month) (Day) (Year)

7-AGE, 28 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Ebyson

(Address) Dayton, Md.

15- Filed JUN 20 1916 Burial Permit Issued. Registrat.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Stricture of Larynx

Not known (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Not known

(Duration) yrs. mos. ds.

(Signed) R. Wiesbrun M. D. (Coroner)

June 20, 1916. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place Md. Gen. Hosp. In the 2 hours of death.....yrs.....mos.....ds. State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, June 21, 1916.

20-UNDERTAKER Scott M. Starr — ADDRESS 1705 E. Pratt St.

... D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95966

CERTIFICATE OF DEATH.

8

C95966

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Bradford St ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George N Dickerson

(Residence in Baltimore: No. 623 N. Bradford St.; yrs., 3 mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 11, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Dickerson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ella Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Cambridge 2nd

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Dickerson

(Address) 623 N. Bradford

15-JUN 20 1916 Burial Permit Issued. FORREST KRAUTER,

Filed ...,— 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16/1916, to June 17/1916, that I saw h[illegible] alive on June 16 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ...yrs. ...mos. 10 ds.

(Signed) A T Kohler M. D.

June 19, 1916 (Address) 1907 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery | DATE OF BURIAL, June 20, 1916

20-UNDERTAKER Milton Davis Son | ADDRESS Madeira St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95967

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95967

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Sara

(Residence in Baltimore: No. 204 N. Greene St St.; yrs., mos. ds.)

N/A

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Dec 9, 1896 (Month) (Day) (Year)

7-AGE, 20 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Antonio Sara

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Connie Sparto

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tony Sara

(Address) 204 N Greene St

15-JUN 20 1916 ROBERT . KRAUTER, Registrar.
Filed....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1916, to June 14 1916, that I saw h[illegible] alive on June 14 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Lungs

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Meningitis

(Duration) yrs. mos. 5 ds.

(Signed) F. Macaluso M. D.

, 191... (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem. DATE OF BURIAL, June 24 191.6.

20-UNDERTAKER Jos J Fahey & Sons ADDRESS 1318 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

095968

HEALTH DEPARTMENT—CITY OF BALTIMORE

095968

CERTIFICATE OF DEATH.

K 164

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier 10 Locust Point ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Pinajer

(Residence in Baltimore: No. Don't know St.: (yrs., (mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Don't know, 1 (Month) (Day) (Year)

7-AGE, 22 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stevedor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Evansville Ind

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country), Don't know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Otto M. Reinhardt

(Address) Grown

15-JUN 20 1916 Filed ....., 191.... HARRY [illegible] Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M Reinhardt (Coroner.) M. D.

June 16, 191.. (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, 0, 19....

20-UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND. JUN 20 1916

FOR ANATOMICAL PURPOSES.

C95969

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95969

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 110 W York St.: 27 E WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Chew

(Residence in Baltimore: No. 110 W. York St.; 13 yrs., ~~mos.~~ ~~ds.~~)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June 29, 1886 (Month) (Day) (Year)

7-AGE, 29 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Annapolis Md

PARENTS.

10-NAME OF FATHER Charles Chew

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catherine Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Burrell (Sister)

(Address) 10 W. Church St.

15- Filed JUN 20 1916, 191.... HARRY C. ANDERSON Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

a.....

b Pulmonary Tuberculosis

c..... (Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary).....

(Duration) yrs. mos. ds.

(Signed) Otto M Bernhardt M. D. (Coroner.)

June 14, 1916 (Address) 101 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, JUN 20 1916

20-UNDERTAKER ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

K 95970

CERTIFICATE OF DEATH.

45 C95970

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 N. Carey ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Walsh

(Residence in Baltimore: No. 531 N. Carey St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 17 (Day), 1849 (Year)

7-AGE, 66 yrs. 11 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Street Cleaning Dept
(b) General nature of industry, business, or establishment in which employed (or employer): Foreman

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Michael H. Walsh

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Eliza Keith

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Walsh

(Address) 531 N. Carey

15- JUN 20 1916 Filed, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from — 1915, to June 18 1916, that I saw him alive on June 18 1916, and that death occurred, on the date stated above, at 6-30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

Chronic Laryngitis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

(Signed) W. Raymond M. Furey M. D.

June 11, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral

DATE OF BURIAL, 6-21..., 1916.

20-UNDERTAKER H. Brauning & Son

ADDRESS 517 N. Schroeder St

N. B.—Every item of information called for should be furnished, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95971

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95971

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Mosher St. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Hessel.

(Residence in Baltimore: No. 1717 Mosher St. St.; 61 yrs., 9 mos. 0 ds)

N.B.—Every item of information should be carefully supplied. Any mistake or omission may cause the issuance of a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, October 30, 1836 (Month) (Day) (Year)

7-AGE, 80 yrs. 7 mos. 19 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, H W. Hasper

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER C. Goebe

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Anna Lewis

(Address) 1717 Mosher St.

JUN 20 1916

Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1915, to June 18 1916, that I saw h alive on June 18 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 5 ds.

(Signed) J. Wm Ebaugh M. D.

June 20 191 6 (Address) 702 N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, June 21, 1916

20-UNDERTAKER Leon A. Witzke — ADDRESS 1581 E. Baltimore St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95972 151 C95972

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Thomas

(Residence in Baltimore: No. Provident Hospital St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June (Month) 17 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richard Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Bertina White

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertina Thomas

(Address) 1111½ N. Port St.

15- Filed JUN 20 1916, 191.... HARRY C. ANDREWS Clerk

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17, 1916, to June 18, 1916, that I saw him alive on June 18, 1916, and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary) Dam

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. M. Peck Thomas M. D.

June 18, 1916 (Address) 1520 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, JUN 19 1916

20-UNDERTAKER

ADDRESS

N. B.—Every item of information should be carefully supplied. Any item not known should be stated as such. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

095973

HEALTH DEPARTMENT—CITY OF BALTIMORE.

095973

CERTIFICATE OF DEATH.

× 175

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St. 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Di Antonio Bartolomeo

(Residence in Baltimore: No. Mercy Hospital

St. ~~7~~ yrs., ~ mos. 12 hours

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dont Know (Month) ....., 1 (Day) ..... (Year)

7-AGE, 28 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Track Walker
(b) General nature of industry, business, or establishment in which employed (or employer)..... Railroad

9-BIRTHPLACE. (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Vincent Bartolomeo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosa Rostelli

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Rostelli

(Address) 3803 E Platt

15-

Filed JUN 20 1916 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull, Concussion and other injuries accidentally struck by Engine at Canton

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probably Shock due to Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A J Riley (Coroner.) M. D.

Jun 20 1916. (Address) 1637 Bonaday

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 12 hours ..... yrs. ..... mos. ..... ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 3803 E Platt St

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem

DATE OF BURIAL, June 21, 1916

20-UNDERTAKER John Herrig & Co

ADDRESS 2008 Aliceanna St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95974

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

C95974

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Small

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	[illegible]

6-DATE OF BIRTH, ... June (Month) 17 (Day), 16 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 4 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Chanowick

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Amelia Small

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Small

(Address) 120 Warner St

15- JUN 20 1916 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1916, to June 17 1916, that I saw h[illegible] alive on June 17 1916 and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

4 hrs

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward C. Smith M. D.

June 17, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 hrs. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence Mercy Hospital

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL, JUN 19 1916

20-UNDERTAKER ..... ADDRESS .....

N.B.—Every item of information should be carefully supplied. A CAUSE of DEATH must always be given. Indefinite statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

095975 64 095975

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Aged Women's Home St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Smith

(Residence in Baltimore: No. Calhoun & Lexington St.; Unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. W F

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Portsmouth Va

PARENTS.

10-NAME OF FATHER. Wm F Smith

11-BIRTHPLACE OF FATHER (State or Country). Edinburg Scotland

12-MAIDEN NAME OF MOTHER Ann E Peel

13-BIRTHPLACE OF MOTHER (State or Country). Edinburg Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada J Jones

(Address) Home

15 JUN 20 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1915, to June 20 1916, that I saw her alive on June 20 1916, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Pneumonia

(Duration) yrs. 9 mos. ds.

(Signed) [illegible] M. D.

June 20, 1916. (Address) 739 N Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 15 yrs. — mos. — ds. In the State — yrs. — mos. ds.

Where was disease contracted, if not at place of death? Aged Women's Home

Former or usual residence Aged Women's Home

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery DATE OF BURIAL. June 21, 1916

20-UNDERTAKER George J Smith ADDRESS 1000 E Fayette

N. B.—Every item of information should be carefully supplied. Age should be stated in YEARS. If under 1 year, in MONTHS. If under 1 month, in DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

156

C95976

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 206 N Washington St. WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob P Waldlick

(Residence in Baltimore) No. 206 N Washington St. (If not in Baltimore, give city or town and State.) 2 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Mth	white	Married

6-DATE OF BIRTH, April 10, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Gailard
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Baltimore,

PARENTS.

10-NAME OF FATHER, John Waldlick

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Gertrude

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J Reuss.

(Address) 2012 Fayette St.

15- Filed JUN 20 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Suicide
Asphyxia by Illuminating Gas,
(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration)....yrs....mos....ds.

(Signed) J K Townley M. D.
(Coroner.)
....., 191... (Address) 11 E Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death. 2 yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death? 206 N Washington St

Former or usual residence 206 N Washington St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, June 22 1916

20-UNDERTAKER Robt F Turner ADDRESS 1442 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

C95977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C95977

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 N. Collington Ave. WARD) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S. Hartman

(Residence in Baltimore: No. 1103 N. Collington Ave St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 31 (Day), 1901 (Year)

7-AGE, 14 yrs. 10 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer)..... Boy

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Hartman

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER, Martha Smith

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hartman

(Address) 1103 N. Collington Ave

15- JUN 20 1916 Filed..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12th 1916, to June 19th 1916, that I saw h[illegible] alive on June 19th 1916, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

(Duration) yrs. 1 mos. ds.

(Signed) Albert E. Dingeldein M. D.

6/20/, 1916 (Address) 1500 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Silver Springs Lancaster Co. Pa. DATE OF BURIAL, June 21, 1916.

20-UNDERTAKER R. H. Turner ADDRESS 1442 N. Broadway

N. B.—Every item of information should be carefully supplied. All blanks must be filled EXACTLY. PHYSICIANS should note CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95978

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95978

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 N Luzerne St.; 8 WARD) REGISTERED NO. C

2-FULL NAME Ella M. Crowder

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1429 N. Luzerne st. St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Schultheis

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. F. Crowder

(Address) 1429 N Luzerne St

15-

Filed JUN 20 1916, 191.....

HARRY C. ARENDS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2nd 1916, to June 19th 1916, that I saw her alive on June 19th 1916, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Disease

(Duration) yrs. 1 mos. ds.

(Signed) Elbert F. Finnegan M. D.

6/20/, 191.6 (Address) 15 E. Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, June 21 191.6

20-UNDERTAKER George J. Ruth

ADDRESS 735 Harford ave.

N.B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C95979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C95979

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Harford Ave St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillip J Style

(Residence in Baltimore: No. 1605 Harford ave St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, OR DIVORCED,~~ WIDOWED, (Write the word.) Widower

6-DATE OF BIRTH, April 28", 1849 (Month) (Day) (Year)

7-AGE, 67 yrs. 1 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Philip Style

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G M Style

(Address) 1605 Harford Ave

15. JUN 20 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 191 , to June 18 1916, that I saw him alive on June 18 1916, and that death occurred, on the date stated above, at 10.30 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

several hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) aortic Stenosis

Years (Duration) yrs. mos. ds.

(Signed) G Latrobe Ewald M. D.

June 19, 1916. (Address) 905 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, June 21 1916

20-UNDERTAKER Leo A. Gerby

ADDRESS Baltimore Mayson St

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS. OCCUPATION is very important. See CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—

Spec.—8-24-14—M. & T.—2000 Bks.

C95980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

137 C95980

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.: 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bluemma Schwartzer

(Residence in Baltimore: No. 737 N. Central Ave. St.; 10 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month) (Day), 1881 (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER. Harris Berendorf

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Rocheal Curnitzky

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levis

(Address) 1411 E. Baltimore

15- Filed JUN 21 1916 191 ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1916, to June 21 1916, that I saw h[illegible] alive on June 21 1916, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Puerperal fever

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) yrs. mos. ? ds.

(Signed) W. Blacker M. D.

6/21/16, 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Cut 3 days

Former or usual residence 1737

19-PLACE OF BURIAL OR REMOVAL. Hebrew Cem Phila Pa

DATE OF BURIAL, 6/22 191 6

20-UNDERTAKER. Josh Levis

ADDRESS E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should note this CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95981

1-PLACE OF DEATH
CITY OF BALTIMORE (No. ~~730~~ E. Balto St near Ashley ST.: 5 WARD) 175 Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Denowitch

(Residence in Baltimore: No. 1306 E. Balto St ...St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	Single

6-DATE OF BIRTH, June (Month) 23 (Day), 1908 (Year)

7-AGE, 7 yrs. — mos. — ds.	If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Child

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Benj Denowitch

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Garfinkel

13-BIRTHPLACE OF MOTHER (State or Country), ~~Russia~~ Bradford Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Levis

(Address) 1411 E. Balto St

15- Filed JUN 21 1916, 191... ROBERT F. KRAUTER Registrar of Vital Statistics

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~—~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Fract. Cervical Vertebrae

Struck by Auto Truck R.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) ... M. D.
(Coroner.)

June 21, 191... (Address) 1657 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, 6-21-, 19.6.

20-UNDERTAKER Jack Levis — ADDRESS E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95982

CERTIFICATE OF DEATH.

103

C95982

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Light ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen C. Diener

(Residence in Baltimore: No. 1302 Light St.; 12 yrs., 6 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. (Month) 29 (Day), 1903 (Year)

7-AGE, 12 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) School-Girl

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John H. Diener

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Bertha H. Kaiser

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Diener

(Address) 1302 Light St.

15- JUN 21 1916 Filed....., 191.... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 16th 1916, to June 19 1916, that I saw her alive on June 19 1916, and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Gastritis

..... (Duration).....yrs.....mos. 17 ds.

CONTRIBUTORY (Secondary) Contusion

..... (Duration).....yrs.....mos.....ds.

(Signed) Wm. L. Morgan M. D.

June 20 1916 (Address) 20 E. Grand Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, JUN. 22. 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. — ADDRESS 715 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95983 95983

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C 79

CITY OF BALTIMORE: (No. Mercy Hospital St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Ruppe

(Residence in Baltimore: No. 1510 Byrd St. St.; 71 yrs., 11 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July 19, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 11 mos. 10 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Henry Ruppe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E Topf

(Address) 914 Light St.

15-JUN 21 1916 ROBERT . KRAUTH, Burial Permit Clerk.
Filed ..., 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1916, to June 19 1916, that I saw him alive on June 19 1916 and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Senility

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Carbuncle Telangiectasis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward P. Jewett M. D.

June 19 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 6 mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1510 Byrd St

Former or usual residence 1510 Byrd St

19-PLACE OF BURIAL OR REMOVAL, Druid Hill Park Cemetery DATE OF BURIAL, JUN 22 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 713 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If under one year, or over one year and under ten years, the AGE in YEARS, MONTHS and DAYS should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95984

CERTIFICATE OF DEATH.

120

C95984

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 580 Pratt St.; 14 ST.; ..... WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Sampson

(Residence in Baltimore: No. 580 Pratt St.; St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... (Month) ....., 1863 (Year)

7-AGE.	If LESS than 1 day,
53 yrs. 6 mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Steam Ferry

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Sampson

(Address) 580 Pratt St.

15- Filed JUN 21 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/15 1916, to 6/14 1916, that I saw h[illegible] alive on 6/18 1916, and that death occurred, on the date stated above, at 6-10 a m.

The CAUSE OF DEATH* was as follows:

Cer. Tuberculosis

Chronic nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 2 ds.

(Signed) P. Krautheim M. D.

6/20, 1916. (Address) 2133 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, June 21, 1916

20-UNDERTAKER Thomas E. Wright — ADDRESS 1364 Mcan

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C95985 C95985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth K. Russell

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 1 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August 24, 1913. (Month) (Day) (Year)

7-AGE, 2 yrs. 10 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER. Wm A Russell

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Emma Napier

13-BIRTHPLACE OF MOTHER (State or Country), N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A.S. Smith

(Address) Johns Hopkins Hospital

15-JUN 21 1916 ROBERT . KRAUTH

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1916, to June 20 1916, that I saw her alive on June 20 1916, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Anemia Acute Primary

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert K. Rosenthal M. D.

June 21, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 112 Walkover Ave Petersburg Va.

19-PLACE OF BURIAL OR REMOVAL, New London N C. DATE OF BURIAL, Jun. 21, 1916.

20-UNDERTAKER Gilbert E Fuller ADDRESS 221 N Bundy

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95986

CERTIFICATE OF DEATH.

91 C95986

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1129 Ridgely St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. George Francis Lewis

(Residence in Baltimore: No. 1129 Ridgely St St.; yrs. 1 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 10, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Lewis

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah Rice

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa A Lewis

(Address) 1129 Ridgely St.

15-JUN 21 1916 Filed....., 191.... Burial Permit Issued

COREY, KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16 1916, to June 18 1916, that I saw h[illegible] alive on June 18 1916, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Mal. Malnutrition

(Duration) yrs. mos. 10 ds.

(Signed) Stuart Reed Dean M. D.

June 19, 1916. (Address) 1127 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1). MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, June 21, 1916.

20-UNDERTAKER, James Dignan & Son — ADDRESS 1000 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C95987

CERTIFICATE OF DEATH.

28 C95987

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 Carroll St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hazel Taylor

(Residence in Baltimore: No. 1335 Carroll St.; 5/12 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feby 14, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs., 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Hasten Taylor

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Cinjo Williams

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cinjo Taylor

(Address) 1335 Carroll St.

15- JUN 21 1916 Filed..... 191.....

ROBERT J. KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June 19th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to June 18 1916, that I saw h[illegible] alive on June 18 1916, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) 3 yrs. 3 mos. ds.

(Signed) Stephen D. Rogers M. D.

June 21, 1916 (Address) 627 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Mt Auburn

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL, June 21, 1916

20-UNDERTAKER John F Cowan & Sons

ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95988

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95988

120

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No 1202 Edmondson Ave St. 16 WARD)

(If death occured in a hospital or Institution, give its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth J Browning.

(Residence in Baltimore: No. 1202 Edmondson Ave St. 75 yrs. ..... mos. ..... ds.)

B

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): X Widow

6-DATE OF BIRTH: August 29th (Month) (Day), 1840 (Year)

7-AGE: 75 yrs. 9 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Geo M. Rogers.

11-BIRTHPLACE OF FATHER (State or country) England.

12-MAIDEN NAME OF MOTHER Mary Stansbury.

13-BIRTHPLACE OF MOTHER (State or country) Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary S Browning

(Address) 1202 Edmondson Ave

15. FILED JUN 21 1916 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 20th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 8th, 1915, to June 19th, 1916, that I saw her alive on June 19th, 1916 and that death occurred, on the date stated above, at 3.50 a.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis of Probably nearly a Years (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) ?

(Duration) ... yrs. ... mos. ... ds.

(Signed) Eduiga C. Pires M. D.

June 21, 1916 (Address) 1012 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: June 22, 1916

20-UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C95989 C95989

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gable McGrady

(Residence in Baltimore: No. 1604 Orleans St.; — yrs., — mos., — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, April (Month) 7 (Day), 1873 (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Silver Jon Matt

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15-

Filed JUN 21 1916

HARRY C. ANSELL, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 18 1916, to June 18 1916, that I saw h alive on June 18 1916, and that death occurred, on the date stated above, at 7.40 p m.

The CAUSE OF DEATH* was as follows:

Tumor of pancreas and mediastinum

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hernia Bilateral Inguinal

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Mason M. D.

June 19 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1604 Orleans St

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ..., 191...

20-UNDERTAKER

ADDRESS

FOR ANATOMICAL PURPOSES

C95990

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C95990

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 342 Dolphin St. 11 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr William A Mills

(Residence in Baltimore: No. 342 Dolphin St. 40 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 29 (Day), 1849 (Year)

7-AGE: 66 yrs. 10 mos. 21 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Dentist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Elgin W. Mills

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Hester Fatherly

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lizzie L. Mills

(Address) 342 Dolphin St

15. JUN 21 1916 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 20th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 19th, 1916, to June 20th 1916, that I saw h— alive on June 20th, 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Right Lung. Apex -
(Duration) — yrs. — mos. 5 ds

Contributory (SECONDARY) Grippe
(Duration) yrs. 3 mos. — ds.

(Signed) Frank Morton M. D.

June 21, 1916 (Address) 100 S Carlton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: June 22, 1916

20-UNDERTAKER: H. Sanders & Sons — ADDRESS: 1710 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

C95991

HEALTH DEPARTMENT—CITY OF BALTIMORE

150

C95991

CERTIFICATE OF DEATH.

B

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 405 S Central Ave St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Schiaffino

(Residence in Baltimore: No. 405 S. Central Ave St.; ....yrs., 7 mos. 25 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Oct. (Month) 26th (Day), 1915. (Year)

7-AGE, ...yrs. 7 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Louis Schiaffino

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Castanola

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Schiaffino

(Address) 405 S. Central Ave

15- JUN 21 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 21st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 191, to June 21 191, that I saw h alive on June 15 191, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

.....

.....

..... (Duration) ....yrs. 7 mos. 25 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, June 23 1916.

20-UNDERTAKER Kendall & Luppold Fdrs

ADDRESS 57 S Amity

C95992

HEALTH DEPARTMENT—CITY OF BALTIMORE

150

C95992

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1214 N. Whitecourt ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Daniel Voits

(Residence in Baltimore: No. 1214 N. Whitecourt St.; —yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col,	Single

6-DATE OF BIRTH, June 22, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, City

PARENTS.

10-NAME OF FATHER, Frances (James) Voits

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Virginia Tubon

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1214 N. Whitecourt

15- FILED JUN 21 1916 19.. HARRY C. ANDREWS Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Non Closure of the Pyloric
Stenosis
Malnutrition
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner.)
June 21, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, June 23 1916

20-UNDERTAKER Clement Slaught — ADDRESS 1314 Mc Cam

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95993 42 C95993

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St.; (or WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Belle Hitaffer

(Residence in Baltimore: No. 1625 W. Franklin St. St.; 12 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, October (Month) ....., 1869 (Year)

7-AGE, 47 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Iowa

PARENTS.

10-NAME OF FATHER, Adde Aiken

11-BIRTHPLACE OF FATHER (State or Country), Missouri

12-MAIDEN NAME OF MOTHER Annie Bateman

13-BIRTHPLACE OF MOTHER (State or Country), America

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ashby L. L. Hitaffer

(Address) 1625 W. Franklin St

15- JUN 21 1916 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 18, 1916, to June 19 1916, that I saw her alive on June 19 1916, and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Surgical Shock following immediately operation for Cancer of Cervix (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Cancer of cervix (Duration) Two Months mos. ds.

(Signed) Hammell Starr, M. D.

June 19, 1916. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 12 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1625 W Franklin St

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, June 21, 1916.

20-UNDERTAKER, Geo. L. Schwab & Bro

ADDRESS 2101 Frederick Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C95994

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95994

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 30 S. Pulaski ST. 70 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eda C. Stolzenbach

(Residence in Baltimore: No. 30 S. Pulaski St. 27 yrs. 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 6 (Day), 1889 (Year)

7-AGE: 27 yrs. 1 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: John Covey

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward E Stolzenbach

(Address) 30 S Pulaski St

15. Filed JUN 21 1916, 191 ..... HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 20 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1916, to June 20 1916, that I saw h[er] alive on June 20, 1916, and that death occurred, on the date stated above, at 8, 15 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 1 mos. ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Ethelbert Hummel M. D.

6/21, 1916 (Address) 2000 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: June 23, 1916

20-UNDERTAKER: Geo. L. Schwab & Bro — ADDRESS: 2101 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C95995

CERTIFICATE OF DEATH.

125

C95995

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 17 Douglas Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Preston Jr

(Residence in Baltimore: No. 2222 Fleet St; 62 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 62 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Pile Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Oliver Preston Sr

11-BIRTHPLACE OF FATHER (State or Country), Boston Mass

12-MAIDEN NAME OF MOTHER, Mary McCluster

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lavinia Green

(Address) 2309 Foster Ave

15- Filed JUN 22 1916 191.... ROBERT L. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/17 1916, to 6/21 1916, that I saw him alive on 6/21 1916, and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tuberculosis of Bowels

(Duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. F. Johnson M. D.

6-21, 1916 (Address) 17 Douglas Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? Not known

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, June 22, 191.6

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C95996

CERTIFICATE OF DEATH.

79 C95996

1-PLACE OF DEATH 615 N. Madeira st

CITY OF BALTIMORE: (No. Emma Bedford St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Bedford

(Residence in Baltimore: No. 615 N Madeira St.; 57 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... (Month) Unknown, (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
57 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant).... Elisha Bedford

(Address)..1612 E. Monument St

15-

Filed JUN 22 1916, 191.... ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 1916, to June 20 1916, that I saw h.. alive on June 19 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

I. Mitral Insufficiency

Indefinite (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

mitral Insufficiency (Duration) ..yrs. ..mos. ..ds.

(Signed) J. Edward Fisher M. D.

June 21, 191.6 (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos.....ds. In the State .....yrs. .....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbery cemetery	June 22 1916.
20-UNDERTAKER	ADDRESS
R G Frost	1405 McElderry st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C95997

CERTIFICATE OF DEATH.

151 C95997

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Zellers

(Residence in Baltimore: No. 119 S. Register St St.; ....yrs., ...mos. 1 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 17, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Frank Zellers

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Louise Matthews

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15- JUN 22 1916 ROBERT , KRAUTER,
Filed....., 191.. Registrar

Special Form No. C-1

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1916, to June 19 1916, that I saw h[illegible] alive on June 19 1916, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Premature by

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert K. Rosenthal M. D.

June 19 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 119 S. Register St

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191..

20-UNDERTAKER | ADDRESS

JOHNS HOPKINS HOSPITAL

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C95998

CERTIFICATE OF DEATH.

28 C95998

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 W. N. Ave. St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Collinson

(Residence in Baltimore: No. 1627 W. N. Ave. St.; 24 yrs., 7 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 6, 1891
(Month) (Day) (Year)

7-AGE, 24 yrs. 7 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods Store

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, John Collinson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Priscilla Wade

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Cole

(Address) 1531 W. N. Ave.

15- Filed JUN 22 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 19th 1916, that I saw h[illegible] alive on June 18th 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ....yrs. 1 mos. ....ds.

(Signed) [illegible] M. D.

6/19, 191.6 (Address) 7E. Madison

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, June 22, 1916.

20-UNDERTAKER Sam'l H. Chase & Son — ADDRESS 1400 [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95999

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95999

B 151

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 122 Pine Wood St ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Widener

(Residence in Baltimore: No. 122 Pine Wood St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 21, 1916
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank Widener

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Rosa Simpson

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Widener

(Address) 122 Pine Wood St

15- JUN 22 1916 ROBERT J. KRAUTER, Filed ..... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquisition (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Premature Birth 7 mos

(Duration).....yrs.....mos.....ds.

(Signed) Percy Upshur Smith M. D.
(Coroner.)

June 21, 1916 (Address) 1611 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Holy Redeemer Cem.	June 22, 1916
20-UNDERTAKER Lilly & Zink	ADDRESS 4038 Roycroft

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C9000 HEALTH DEPARTMENT—CITY OF BALTIMORE C9000

CERTIFICATE OF DEATH.

13 28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 140 Argyle Ave ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nos. 18.)

2-FULL NAME William H. Smith.

(Residence in Baltimore: No. 140 Argyle ave St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Feb 1, 1890
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
26 yrs. 4 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): Helper

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William H. Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Susan Wilkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 140 Argyle ave

15- JUN 22 1916 ROBERT, KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pul Consumption

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. mos. ds.

(Signed) J. M. Mitchell M. D.
(Coroner.)

June 21, 1916 (Address) 819 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	June 25 1916
20-UNDERTAKER John A. Bischoff	ADDRESS 1107 Druid Hill ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS AN OFFICIAL DOCUMENT

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96001 C96001

CERTIFICATE OF DEATH.

105

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Cumberland Pl ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm G. Clayton

(Residence in Baltimore: No. 701 ~~Eto~~ Cumberland Pl St.: 60 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1855 (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Yard

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Lizzie

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Clayton

(Address) 701 Cumberland [illegible]

15- [illegible] BRAUER, Burial Permit Clerk.

Filed JUN 22 1916 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/17 1916, to 6/20 1916, that I saw h[illegible] alive on 6/20 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

(a) Ca Gastro-enterus

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ! ds.

(Signed) [illegible] M. D.

6/21, 191[illegible] (Address) 21[illegible] St. Hosp. Co.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 22., 1916.

20-UNDERTAKER James H Dennis

ADDRESS 1303 Pentman

Spec.—8-24-14—M. & T.—2000 Bks.

2387

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96002 119 C96002

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 W. Fayette St ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand Mahaney

(Residence in Baltimore: No. 1036 W. Fayette St St.; 78 yrs., 11 mos. 24 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 28 (Day), 1837 (Year)

7-AGE 78 yrs. 11 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Car.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Mahaney

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Susan Cruses

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Thompson

(Address) 1036 W. Fayette St

15- Burial Permit Clerk

Filed JUN 22 1916 191.... Registrar.

MORGUE, EMBALMER,

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4 1916, to June 21 1916, that I saw him alive on June 20 1916, and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Carbuncle

(Duration) ....yrs. ....mos. 17 ds.

(Signed) Geo. W. Gill M. D.

6/21/16, 191... (Address) 2224 W. Northam

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, June 24, 1916.

20-UNDERTAKER George J. Smith ADDRESS 1800 Fayette

James P. Matthews.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96003 C96003

CERTIFICATE OF DEATH.

167

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 19 Church Home St. 18 of 12 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James P. Matthews

(Residence in Baltimore. No. 311 Saffolk St.; 76 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, [illegible] (Month) 9 (Day), 1838 (Year)

7-AGE. 76 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... U.S.P.O. Postal Clerk

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER Thomas Matthews

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Margaret Tabler

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Matthews.

(Address) 311 Saffolk St. Baltimore

15- JUN 22 1916 191 ROBERT J. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns, Scalding

Scalding Acute (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

, 191... (Address) 311 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 3 ds. In the State 76 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?..... 311 Saffolk St.

Former or usual residence. 311 Saffolk St.

19-PLACE OF BURIAL OR REMOVAL, Rose Hill Cemetery Hagerstown Md. DATE OF BURIAL, June 23 19.16

20-UNDERTAKER George J. Smith ADDRESS Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96004 C96004

CERTIFICATE OF DEATH.

REGISTERED NO. C 1013

1-PLACE OF DEATH St. Vincents Orphan Asylum

CITY OF BALTIMORE: (No. 13 ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Price

(Residence in Baltimore: No. St. Vincents' Orphan Asylum St.; ..... yrs., ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	sing'l

6-DATE OF BIRTH, April (Month) 5th (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... orphant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr Vincent Inf Asy

(Address) 1401 Division St

15- Filed JUN 22 1916 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... June (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to June 18 1916, that I saw her alive on June 17 1916, and that death occurred, on the date stated above, at 2 20 a m.

The CAUSE OF DEATH* was as follows:

..... Marasmus .....

..... Gastro Enteritis .....

..... (Duration) ..... yrs. ..... 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .... Cardiac insufficiency

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. 2 mos. 14 ds. In the State [illegible] yrs. 2 mos. [illegible] ds.

Where was disease contracted, if not at place of death? St Vincent Hosp.

Former or usual residence 1401 Division St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, June 22, 1916

20-UNDERTAKER Martin Fahey ADDRESS 66 Fayette W

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B C96005 — 120 — C96005

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1802 Bruntst ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth McMahon

(Residence in Baltimore: No. 1802 Bruntst St.; 31 yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June (Month) (Day) 1869 (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Carlon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann Leonard

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Lanahan

(Address) 1429 W. Fayette St

15- Filed JUN 22 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20th 1916 to June 21 1916, that I saw her alive on June 20th 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. 1 mos. ds.

(Signed) B Culverhouse M. D.

6.22, 1916 (Address) 1533 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, June 24th 1916

20-UNDERTAKER M Fahey & Sons — ADDRESS 606 Lafayette Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96006 C96006

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 Mercy Hospital St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Carrigan

(Residence in Baltimore: No. 1057 St. Charles St.; yrs. 4 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ..., ..., 1 ..... (Month) (Day) (Year)

7-AGE, 41 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Augustus Allen

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emma (illegible)

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Steinbach

(Address) 918 Hanover St

15-Filed JUN 22 1916, 191.. KOBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 191.., to June 22 191.., that I saw h[illegible] alive on June 22 191.., and that death occurred, on the date stated above, at 4.00 A m.

The CAUSE OF DEATH* was as follows:

Cerebro Hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

June 22, 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1057 St. Charles St

Former or usual residence 1057 St. Charles St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem

DATE OF BURIAL, June 24, 1916

20-UNDERTAKER E. A. Krause

ADDRESS 703 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

B C96007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 C96007

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Proctor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes. E. Clifford

(Residence in Baltimore: No. 1116 Proctor St.; 12 yrs. mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH June (Month) 18 (Day), 1904 (Year)

7-AGE, 12 yrs. mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, William H. Clifford

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER Harriett Roberts.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Harriett Clifford

(Address) 1116 Proctor St.

15- JUN 22 1916 Filed....., 191... ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to June 22, 1916, that I saw her alive on June 21, 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bright's disease

(Duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin B. Fenby, M. D.

June 22, 1916 (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, June 24 191 6

20-UNDERTAKER Henry Storck Son — ADDRESS 301 E Eager St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Blks.

C96008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 28 C96008

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1185 Schroeder ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert F. Gilbert

(Residence in Baltimore: No. 118 S. Schroeder St.; 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept. 29, 1867 (Month) (Day) (Year)

7-AGE, 48 yrs. 8 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... C. R. R. Co.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Rob. F. Gilbert

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Laura L. Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles F. Gilbert

(Address) 2016 W. Fayette

15- Filed JUN 22 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25, 1916, to June 21, 1916, that I saw h... alive on June 14, 1916, and that death occurred, on the date stated above, at 5 1 m.

The CAUSE OF DEATH* was as follows:

D
Pulmonary Tuberculosis

(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry L. Ehle M. D.

June 21, 1916 (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemty DATE OF BURIAL, June 23, 1916.

20-UNDERTAKER C. M. Mate Lee & Co. ADDRESS 120 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96009 41 C96009

CERTIFICATE OF DEATH.

B

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 722 Mennington Ave St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Abram Johnson

(Residence in Baltimore: No. 722 Mennington Ave St.; 54 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan. (Month) 5 (Day), 1855 (Year)

7-AGE,	If LESS than 1 day,
61 yrs. 5 mos. 16 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Balto Maryland.

PARENTS.

10-NAME OF FATHER, Wm H. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Fanni Abrams

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Johnson

(Address) 722 Mennington Ave

15- Filed JUN 22 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1916, to June 21 1916, that I saw h[illegible] alive on June 21 1916, and that death occurred, on the date stated above, at 5.20 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum with extension to small intestine & Bladder

(Duration) .....yrs. 2 mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) Elmer Hemmeter M. D.

June 21, 1916. (Address) Md General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 23, 1916.

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 1201 W. Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96039

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96039

CERTIFICATE OF DEATH.

138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Carr.

(Residence in Baltimore: No. 939 Boyd St.; 11 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. May (Month) 1 (Day), 1902 (Year)

7-AGE. 14 yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Factory Hand
(b) General nature of industry, business, or establishment in which employed (or employer): N. F.

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. David Carr

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Bessie Foster

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Carr

(Address) 939 Boyd St.

15- Filed JUN 24 1916, 191.... ROBERT, KRAUTER, Vital Records Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-22 1916, to 6-23 1916, that I saw h[illegible]live on 6-23 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema
Tuberculosis

(Duration) ....yrs. ....mos. 24 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) P. L. Rusk M. D.

6-23, 1916. (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 11 yrs. mos. ds.

Where was disease contracted, if not at place of death? 934 Boyd St.

Former or usual residence 939 Boyd St.

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. June 25, 1916.

20-UNDERTAKER. Jno J Corran's Son

ADDRESS 901 Bolton St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96040 C96040

REGISTERED NO. C 39

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Hallins ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Healy

(Residence in Baltimore: No. 921 Hallins St. St.; 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, ..., 1865
(Month) (Day) (Year)

7-AGE, 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Gen'l

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Healy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Crane

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Healy

(Address) 921 Hallins St.

15- JUN 24 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1914, to June 22 1916, that I saw h[illegible] alive on June 21 1916, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue
Lymph. of neck (Cathedral)
(Duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(Duration) yrs. mos. 10 ds.

(Signed) E. J. Cookman M. D.

6/23, 191.. (Address) 924 Hallins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 26, 1916

20-UNDERTAKER John Heavenston — ADDRESS 921 Hallins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96041 — 66 — C96041

CERTIFICATE OF DEATH

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 305 N Payson St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen J. Montgomery

(Residence in Baltimore: No. 305 N Payson St.: 17 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Nov 29, 1842 (Month) (Day) (Year)

7 AGE: 73 yrs. 6 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): Frederick Md.

PARENTS

10 NAME OF FATHER: Peter R. Shaffner

11 BIRTHPLACE OF FATHER (State or country): Penn.

12 MAIDEN NAME OF MOTHER: Mary Hart.

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary J. Lee

(Address) 305 N Payson St

15 Filed JUN 24 1916 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 23, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1916, to June 23 1916, that I saw her alive on June 23, 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Palsy Agitans

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Senility

(Duration) yrs. mos. ds.

(Signed) J. H. Deppen M. D.

June 24, 1916. (Address) 242 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem Frdk md — DATE OF BURIAL: June 25, 1916

20 UNDERTAKER: Geo J Smith — ADDRESS: 100 W Fayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96042 — 92 — C96042

CERTIFICATE OF DEATH

REGISTERED No. C

1 PLACE OF DEATH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96042 C96042

CERTIFICATE OF DEATH

92

REGISTERED NO. C

B

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 113 Perry St. WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Nicholson

(Residence in Baltimore: No. 113 Perry St. St.: 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: unknown (Month) (Day), 1873 (Year)

7-AGE: 43 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Stevedore

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Russell

(Address) 113 Perry St

15 JUN 24 1916 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10, 1916, to. June 24 1916

that I saw him alive on June 23, 1916,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(Duration) yrs. mos. 14 ds

Contributory (SECONDARY) Heart Failure

(Duration) yrs. mos. 14 ds.

(Signed) C K Finch M. D.

June 24, 1916 (Address) 712 S Ann St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn

DATE OF BURIAL: June 25, 1916.

20-UNDERTAKER: L. Frenzel Son

ADDRESS: 118 W Mont St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

138 C96043

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 762 E Fort Ave St.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes E Eisel

(Residence in Baltimore: No. 762 E Fort Ave St.; 39 yrs., 3 mos. 19 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: ~~Female~~

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, March 5, 1877 (Month) (Day) (Year)

7-AGE, 39 yrs. 3 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER, Edw. Berryman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Jane McCormick

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE ~~BEST~~ OF MY KNOWLEDGE.

(Informant) George H Eisel

(Address) 762 E Fort Ave

15- Filed JUN 24 1916 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1916, to June 24 1916, that I saw h[illegible] alive on June 24 1916, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

I

Cerebral Hemorrhage

Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

June 24, 1916 (Address) 1317 E Pleasant St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, June 26, 1916

20-UNDERTAKER E & B Harle — ADDRESS 115 E West St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96044

CERTIFICATE OF DEATH.

x 79

C96044

1-PLACE OF DEATH Church Home and Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Ten Hills Md ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr George Charles Ruppel

(Residence in Baltimore: No. Church Home and Infirmary St.; — yrs., 1 mos. 13 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) married

6-DATE OF BIRTH, April 9, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) Store keeper

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Reinhard Ruppel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Miller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carline K Ruppel

(Address) Ten Hills Md

15- Filed JUN 24 1916, 191.... ROBERT KRAUTER, Capital Parish Dist. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23rd, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to June 23 1916, that I saw him alive on June 23rd 1916, and that death occurred, on the date stated above, at 11:55 PM

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Nephritis Uraemia
(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency
(Duration) — yrs. 2 mos. — ds.

(Signed) Horace W Byerly M.D.
June 23, 1916. (Address) Church Home Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. 1 mos. 13 ds. In the State 62 yrs. — mos. — ds.
Where was disease contracted, if not at place of death? Unknown
Former or usual residence Ten Hills, Md.

19-PLACE OF BURIAL OR REMOVAL, St. Paul's Lutheran Cemetery DATE OF BURIAL, June 26, 1916

20-UNDERTAKER Mrs. A Rohdenburg ADDRESS 730 Pa Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C96045

HEALTH DEPARTMENT—CITY OF BALTIMORE

B

CERTIFICATE OF DEATH.

81

C96045

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Vetter

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ..... yrs., ... mos. 13 ds.)

1 E. Eager

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 2, 1868 (Month) (Day) (Year)

7-AGE, 47 yrs. 11 mos. 20 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Martin Vetter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Sigmund

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- JUN 24 1916 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1916, to June 22 1916, that I saw h[illegible] alive on June 22 1916, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Cardiac failure probably due to infarction of the heart muscle

3-4 hours (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) arteriosclerosis

several (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. R. Mason M. D.

June 23 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 13 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 10 S. East Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 23 1916

20-UNDERTAKER Pickler & Pickler — ADDRESS 1734 E. Eager

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96046 C96046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 79

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H Taylor

(Residence in Baltimore: No. 1525 N Lombard St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 3, (Month) (Day) 1836 (Year)

7-AGE, 80 yrs. 1 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo H Taylor

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Cecelia Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Balto Md

15- ROBERT J. KRAUTER, Burial Permit Clerk

Filed JUN 24 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 1916, to June 23 1916, that I saw h[illegible] alive on June 23 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

1. Myocarditis
2.
3.
(Duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) not known yrs. mos. ds.

(Signed) Edward B Faust M. D.

June 23, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 4 ds. In the State 70 yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 1525 N Lombard St

Former or usual residence 1525 N Lombard St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 26, 1916.

20-UNDERTAKER Wm Cook — ADDRESS 510 E Northern ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96047

CERTIFICATE OF DEATH.

120 C96047

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 510 Archer ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillip Franz

(Residence in Baltimore: No. 510 Archer St.; 20 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 7 (Day), 1853 (Year)

7-AGE, 63 yrs. 2 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Gen'l

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Phillip Franz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barabara Franz

(Address) 510 Archer street

15- FILED JUN 24 1916 ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 18 1916, to June 23 1916, that I saw h[illegible] alive on June 23 1916, and that death occurred, on the date stated above, at 3:10a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. 2 mos. ds.

(Signed) Stephen [illegible] M. D.

June 24 1916 (Address) 1227 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, 6/26, 1916.

20-UNDERTAKER William Cork

ADDRESS 502 E North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96048 C96048

Yd 34

REGISTERED No. C 120

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

B

CITY OF BALTIMORE (No. 1902 Cedar Road St. 15 WARD)

2-FULL NAME Chas. S. Worthington

(Residence in Baltimore: No. 1902 Cedar (Roland) Road St.: 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 16th, 1848 (Month) (Day) (Year)

7-AGE: 68 yrs. 3 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Pullman
(b) General nature of industry, business, or establishment in which employed (or employer): Con. B & O R R

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Chas. Worthington

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Catharine Stewart

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ellen H. Worthington
(Address) 1902 Cedar Ave

15- FILED JUN 24 1916 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June, 1914, to. June 26 1916
that I saw h— alive on June 22, 1916
and that death occurred, on the date stated above, at 3 a m.
The CAUSE OF DEATH* was as follows:

Arteria Sclerosis -
Chronic Nephritis

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed) Chas. H. Ruby M. D.
6-23, 1916 (Address) 1113 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Louis Ridge. DATE OF BURIAL: June 25, 1916

UNDERTAKER: E. M. Mite Lee & Co. ADDRESS: 120 W. Fayette

James Johnson

James Johnson

C96049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 78 C96049

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1034 Eilson Ct. ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tamer Johnson

(Residence in Baltimore: No. 1034 Eilson Ct St.; yrs. 24 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, not Known ....., 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Reuben Kirby

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Edie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Briscoe

(Address) 1034 Eilson Ct.

15- Filed JUN 24 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probably Gall Stone Colic (Duration) ..... yrs. ..... mos. 3 days

(Signed) James M. Fenlon M. D.
(Coroner.)

June 22 1916 (Address) 700 E Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	June 24 1916

20-UNDERTAKER R C Gross ADDRESS 1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96050

CERTIFICATE OF DEATH.

135

C96050

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 415 Tuxedo ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia F Gardner

(Residence in Baltimore: No. 415 Tuxedo St. St.; 30 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 27 (Day), 1820 (Year)

7-AGE, 46 yrs. 1 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, John H Hachler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Cecelia Cabaugh

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L Gardner

(Address) 415 Tuxedo St.

15- ROBERT . KRAUTER, Registrar.

Registered JUN 24 1916 191... Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 191 6, to June 22 191 6, that I saw her alive on June 22 191 6, and that death occurred, on the date stated above, at 1250P m.

The CAUSE OF DEATH* was as follows:

Pul Perfusion Hæmorrhage

(Duration) ....yrs. Few hours. mos. ....ds.

CONTRIBUTORY (Secondary) Shock - Fatal

(Duration) ....yrs. Few hours mos. ....ds.

(Signed) E. A. Parker M. D.

6/22/16, 191... (Address) 112 W. 25 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, June 25, 191...

20-UNDERTAKER Wm Coulson

ADDRESS 230 N Gay

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96051 1 C96051

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank H Lightman

(Residence in Baltimore: No. 17 E. Saratoga St.; 35 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Jan 26, 1878 (Month) (Day) (Year)

7-AGE, 37 yrs. 4 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Artist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), U.S.

PARENTS.

10-NAME OF FATHER, John Lightman

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Camila Spain

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospt

(Address) Baltimore Md

15- JUN 24 1916 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 191 6, to June 23 191 6, that I saw h alive on June 23 191 6, and that death occurred, on the date stated above, at 7.40 m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 2 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward H Smith M. D.

June 23 191 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State 35 yrs. mos. ds.

Where was disease contracted, if not at place of death? 17 E Saratoga St

Former or usual residence 17 E Saratoga St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 24, 1916

20-UNDERTAKER Hill Cook

ADDRESS 202 E North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

13 C96052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 28 C96052

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hms Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. Jackson.

(Residence in Baltimore: No. ..... St.; .....yrs,, ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ..., 1876
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
40 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(h) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Wm. Jackson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Eliza Tonan.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed JUN 24 1916, 191.....

ROBERT . KRAUTER. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1916, to June 21 1916, that I saw h alive on June 21 1916, and that death occurred, on the date stated above, at 8 50 a. m.

The CAUSE OF DEATH* was as follows:

General Miliary Tuberculosis (2 wks)
Tuberculous Bronchopneumonia
Tuberculosis of Lung

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis of Aorta

(Duration) ....yrs. 6 mos. ....ds.

(Signed) George R. Dunn M. D.

June ....., 191. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 12 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Chesapeake Ave Towson Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	....., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL JUN 24 1916

FOR ANATOMICAL PURPOSES

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96053

CERTIFICATE OF DEATH. 74

C96053

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S Stricker St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma A Schumacher

(Residence in Baltimore: No. 30 S Stricker St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX.~~ Fem | 4-COLOR OR RACE. W C | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mar

6-DATE OF BIRTH, June 7, 1849
(Month) (Day) (Year)

7-AGE. 67 yrs. ... mos. 16 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, — Nuenberger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Hess

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E A Schumacher

(Address) 1421 N Bond St.

15-JUN 24 1916

Filed ..., 191... ROBERT J. KRAUTER, Registrar of Vital Statistics.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1916, to June 23 1916, that I saw her alive on June 22 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Tumor Cerebri

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ... yrs. 2 mos. ... ds.

(Signed) H H Forwood M. D.

June 23, 191... (Address) 739 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery | DATE OF BURIAL, June 26, 191...

20-UNDERTAKER J B Shipley | ADDRESS 2238 Fredk Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B

C96051

CERTIFICATE OF DEATH.

104 C96051

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Staul

(Residence in Baltimore: No. 534 N. Gilmor St. St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June 6, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Chas. Staul

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ida M. Muhly

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Chas. Staul

(Address) 534 N. Gilmor St.

15- JUN 24 1916 Filed....., 191.... ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1916, to June 24 1916, that I saw h[illegible] alive on June 24 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edna Dr. Smith M. D.

June 24, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 24 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 534 N. Gilmor St

Former or usual residence 534 N. Gilmor St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, June 25, 1916

20-UNDERTAKER E. M. Flynn

ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

B C96055

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96055

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1056 Argyle Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Williams

(Residence in Baltimore: No. 1056 Argyle Ave St.; 39 yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	C of C	Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1877 (Year)

7-AGE,	If LESS than 1 day,
39 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt Md.

PARENTS.

10-NAME OF FATHER, Jefferson Cox

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Louisa Glenn

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter N. Trollinger

(Address) 1056 Argyle Ave

15- JUN 24 1916 191 ROBERT J. KRAUTER, Registrar. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1916, to June 22 1916, that I saw h[illegible] alive on June 22 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

I
Chronic Nephritis
(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno. F. Chatard M. D.

June 22, 191.. (Address) 204 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 24, 191.6

20-UNDERTAKER Saml T Hemsley

ADDRESS 578 W Biddle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13 C96056

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C96056

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 2120 Division ST.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lula Mooney

(Residence in Baltimore: No. 2120 Division St.: 23 yrs. 3 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Feb. (Month) 28, (Day) 1893 (Year)

7 AGE: 23 yrs. 3 mos. 25 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph W. Matthews

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Henrietta Wallace

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph W. Matthews
(Address) 2120 Division St.

15 FILED JUN 24 1916 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 23 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June, 1916, to June 23 1916, that I saw her alive on June 23, 1916, and that death occurred, on the date stated above, at 11 A m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. 3 mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Fred C Jewell M. D.
June 23, 1916 (Address) 2516 Penna Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: June 24, 1916

20 UNDERTAKER: Samuel S Hemsley — ADDRESS: 578 W Baltimore

C96057

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96057

CERTIFICATE OF DEATH.

REGISTERED No. C 5 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 627 n Spring ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Erna J Krauss,

(Residence in Baltimore: No. 627 n Spring, St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
fem'l	Wh	Married

6-DATE OF BIRTH, 55 mo. Krauss, (Month) (Day) 1 (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), not,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfred Krauss

(Address) 627 N Spring St

15- Filed JUN 24 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Barkley (Coroner.) M. D.

191... (Address) 4 E Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	June 25, 1916.
20-UNDERTAKER	ADDRESS
Felix B Pyle	1028 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96058 C96058

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Mens Home St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry J Bramble

(Residence in Baltimore: No. 1400 W Lexington St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 6, 1833
(Month) (Day) (Year)

7-AGE. 83 yrs. 3 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mariner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W W Gilman Supt

(Address) Home

15- JUN 24 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916 to June 24 1916, that I saw h alive on June 23 1916, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Atheroma

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. ds.

(Signed) W W Norwood M. D.

June 24, 191... (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 26 191..6

20-UNDERTAKER George J Smith — ADDRESS 1000 W Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B

C96059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96059

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 W. Lanvale St.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Rideout

(Residence in Baltimore: No. 628 W. Lanvale St.; 30 yrs., mos. ds.)

N. B.—ENTIRE information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1886 (Year)

7-AGE, 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) B & O R R

9-BIRTHPLACE, (State or Country), Frederick Md.

PARENTS.

10-NAME OF FATHER, Joseph Rideout

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mattie Rideout

(Address) 628 W. Lanvale St.

15-

Filed JUN 25 1916, 191

ROBERT . KRAUTER,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1915, to June 22 1916, that I saw h[illegible] alive on June 22 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. ds.

(Signed) Thos. J. Claude M. D.

June 24, 1916 (Address) 1501 Mt Prospect

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, June 25, 1916

20-UNDERTAKER James L. Stansbury

ADDRESS 5 N Bond St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96060 C96060

REGISTERED No. C 45

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 E. Montgomery St. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Schaefer

(Residence in Baltimore: No. 221 E. Montgomery St.; 70 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: June (Month) 12 (Day), 1841 (Year)

7-AGE: 75 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Julius Schaefer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth —

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): H. Schaefer Jr.

(Address): 127 Fulton St.

15- JUN 25 1916 Filed, 191 ROBERT . KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19, 191 5, to June 22 191 6, that I saw h[illegible] alive on June 22 191 6, and that death occurred, on the date stated above, at 6 5 m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Sarcoma of Kidney

(Duration) yrs 7 mos ds.

Contributory (SECONDARY): Metastasis to Testis

(Duration) yrs 1 mos ds.

(Signed), 1 Harry Boyd M. D.

June 25, 191 6 [Address] 602 Cathedral

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: June 25. 191 6

20-UNDERTAKER: Geo Leinbach & Son ADDRESS: 647 N Broadway

C96061

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96061

CERTIFICATE OF DEATH.

13

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 104 W. Herman St. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Pistel

(Residence in Baltimore: No. 635 N. Calvert St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 64 abot yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shipping clerk
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo. H Pistel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Pistel

(Address) 1142 Fow.

15- JUN 25 1916 ROBERT . KRAUTH Burial Permit Clerk
Filed ....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1916..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Anemia
Acute Dilatation
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Sudden
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Riley M. D.
(Coroner.)

June 24, 1916 (Address) 1639 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, June 25, 1916

20-UNDERTAKER Geo Lewis Bock & Co — ADDRESS 687 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96062

C96062

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Boyd St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Le Roy J McCauley

(Residence in Baltimore: No. 1017 Boyd St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Jan. 20th 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John J McCauley

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Maryland L Tempel

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maryland McCauley

(Address) 1017 Boyd St

15- Filed JUN 25 1916, 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23rd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1916, to June 23 1916, that I saw h[illegible] alive on June 22 1916, and that death occurred, on the date stated above, at 2A m.

The CAUSE OF DEATH* was as follows:

Uræ Colitis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Colitis autumn

(Duration) ....yrs. ....mos. 1 ds.

(Signed) E. V. Cushelaus M. D.

6/24, 191.. (Address) 424 Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, June 25, 191..

20-UNDERTAKER John A Moran

ADDRESS Paca & Lexington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96063 C96063

CERTIFICATE OF DEATH.

B 28 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Bank ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine F. Ott

(Residence in Baltimore: No. 2119 Bank St.: 34 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 16 (Day), 1882 (Year)

7-AGE, 34 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John H. Braunsky

11-BIRTHPLACE OF FATHER (State or Country), Ger

12-MAIDEN NAME OF MOTHER Josephine Braunsky

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Henry Ott

(Address) 2119 Bank St

15- Filed JUN 25 1916, 191... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 22nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1916, to June 22nd 1916, that I saw h.. alive on June 22nd 1916, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Indefinite (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Edema of Glottis

(Duration) 2 yrs. 1 mos. 14 ds.

(Signed) J. Gilbert Miller M. D.

June 24, 1916 (Address) 2737 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
1st Germania	June 25, 1916
20-UNDERTAKER Peter Nicolaus	ADDRESS 2044 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96064 C96064

CERTIFICATE OF DEATH.

13 150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 S Wolf ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D Langrehr

(Residence in Baltimore: No. 524 S Wolf St.; — yrs., — mos. 17 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 17 (Day), 1916 (Year)

7-AGE, — yrs. — mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John D Langrehr

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Sydney Doth

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John D Langrehr

(Address) 524 S Wolf St

15- JUN 25 1916 ROBERT KRAUTER

Filed....., 191.. Special Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24th 1916, to June 25th 1916, that I saw h— alive on June 24th 1916, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Insufficiency

(Duration) ...yrs. ...mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) J Herman J Gerung M. D.

June 25th, 1916. (Address) 1900 Eastern Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, I St Germain — DATE OF BURIAL, June 26, 1916

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96065

REGISTERED NO. C 96065

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Milton Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwig H. Meyer

(Residence in Baltimore: No. 604 N. Milton Ave St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) M.

6-DATE OF BIRTH, October 4, 1883 (Month) (Day) (Year)

7-AGE, 32 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stock Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) In Tobacco Warehouse

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ludwig Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Helen Botha

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Meyer

(Address) 604 N. Milton Ave

15-JUN 25 1916 ROBERT . KRAUTER Capital Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1915, to June 23 1916, that I saw him alive on June 22 1916, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

June 24, 1916 (Address) 26 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, June 26, 1916

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96066 31 C96066

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos., St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Warren Baskerville

(Residence in Baltimore: No. 809 N. Bruce St.; 20 yrs., 5 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) Single

6-DATE OF BIRTH, ~~Jan~~ May 5, 1896
(Month) (Day) (Year)

7-AGE, 20 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wagon driver
(b) General nature of industry, business, or establishment in which employed (or employer): Express

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Edw Baskerville

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily Hammond

(Address) 809 N. Bruce

15- Filed JUN 25 1916, 191.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1916, to June 23 1916, that I saw h[illegible] alive on June 23 1916, and that death occurred, on the date stated above, at 4 a, m.

The CAUSE OF DEATH* was as follows:

Tubercular peritonitis and intestines

(Duration) unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ? yrs. mos. ds.

(Signed) Geo. A. Guard M. D.

June 23, 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 809 N. Bruce St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 25 191..

20-UNDERTAKER Jas. H. Chase & Son

ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C96067

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

1 PLACE OF DEATH — REGISTERED No. C96067

CITY OF BALTIMORE: (No. 804 N. Central Ave ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Cruse

(Residence in Baltimore: No. 804 N. Central Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept. (Month) 23 (Day) 1853 (Year)

7-AGE: 62 yrs. 8 mos. 30 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Frederick Keiner

11-BIRTHPLACE OF FATHER (State or country): Europe

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John R. Cruse

(Address) 804 N. Central Ave

15- Filed JUN 25 1916 ROBERT ... Burial Permit ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1916, to June 22 1916, that I saw h[illegible] alive on June 22 1916, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 11 ds.

Contributory (SECONDARY) Arterio Sclerosis

(Duration) yrs. mos. ds.

(Signed) John R. Cruse M. D.

June 22 1916 [Address] 936 E. Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: June 25, 1916

20-UNDERTAKER: W. H. Turner ADDRESS: 1442 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96068

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 79

REGISTERED No. C 96068

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N. 28 St ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hudson

(Residence in Baltimore: No. 505 N. 28 St St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug 7 (Month) 11 (Day), 1836 (Year)

7-AGE: 79 yrs. 10 mos. 13 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Vincent H Hudson

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Eaton

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Anna Hudson

(Address) 505 N. 28 St

15- Filed JUN 25 1916 ROBERT . KRAUTER Capital Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 24th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6th, 1916, to, June 24 1916, that I saw h[illegible] alive on June 24th 1916, and that death occurred, on the date stated above, at 4.20 p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Nephritis

2 (Duration) yrs 1 mos. 18 ds.

Contributory (SECONDARY) Oedema of Lungs

(Duration) yrs mos. 1 ds.

(Signed), William Sarah Clopton M. D.

June 25th 1916 [Address] 2918 Huntingdon Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Monrovilles Md

DATE OF BURIAL: June 26 1916

20-UNDERTAKER: E. LeRoy Stiffler

ADDRESS: 844 N 36th St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96069

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96069

1 PLACE OF DEATH — REGISTERED No. C 79

CITY OF BALTIMORE (No. 839 N. Fulton ave. St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John J. Patrick

(Residence in Baltimore: No. 839 N. Fulton ave St.: 55 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Widower

6 DATE OF BIRTH ? (Month) (Day), 1861 (Year)

7 AGE 55 yrs. ? mos. ? ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Retail Furniture

9 BIRTHPLACE (State or country) Jefferson Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert J. Patrick

(Address) 839 N. Fulton Ave

15 Filed JUN 25 1916, 191 ROBERT . KRAUTH Capital Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 23rd, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1916, to June 23rd 1916, that I saw h[illegible] alive on June 23, 1916, and that death occurred, on the date stated above, at 6.45 P.M.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. 3 mos. 8 ds

Contributory (SECONDARY) acute Dilatation of Heart

(Duration) yrs. mos. 1 ds.

(Signed) Thos J. A. Steiss M. D.

June 23, 1916 (Address) 1729 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	June 26, 1916
20 UNDERTAKER Putnam & Co	ADDRESS 1725 W Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96070 × 81 C96070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy B. Ricker

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ....yrs.,....mos. 11 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 2 (Day), 1848 (Year)

7-AGE, 67 yrs. 10 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), S C

PARENTS.

10-NAME OF FATHER, Thomas Bonds

11-BIRTHPLACE OF FATHER (State or Country), S C

12-MAIDEN NAME OF MOTHER Margaret Leak

13-BIRTHPLACE OF MOTHER (State or Country), S C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Mason

(Address) Johns Hopkins Hospital

15- JUN 25 1916 ROBERT KRAUTER, Registrar.
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1916, to June 25 1916, that I saw her alive on June 25 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Aneurysm of Aorta

(Duration) ? yrs.....mos.....ds.

CONTRIBUTORY (Secondary) /

(Duration).....yrs.....mos.....ds.

(Signed) E. M. Mason M. D.

June 25, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 122 Elm St Greenville S C

19-PLACE OF BURIAL OR REMOVAL, Columbia S. C. DATE OF BURIAL, June 25, 1916

20-UNDERTAKER E. M. Mott Lee & Co. ADDRESS 1211 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96071

CERTIFICATE OF DEATH.

REGISTERED NO. C 119 C96071

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 S Carey St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J Wallace Herman

(Residence in Baltimore: No. 1110 S Carey St St.; 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 24 (Month) (Day), 1907 (Year)

7-AGE, 13 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Thomas E Germain

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Blanch E Burns

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas E Germain

(Address) 1110 S Carey St

15- JUN 25 1916, 191.. ROBERT . KRAUTER, Registrar. Burial Permit 91 67

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to June 24 1916, that I saw him alive on June 24 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Nephritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hypertrophy, Heart,

(Duration) yrs. mos. 5 ds.

(Signed) Hubbard D Cain M. D.

June 25, 191.. (Address) 1227 Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, June 27, 1916.

20-UNDERTAKER Weller Cook

ADDRESS 502 E Wells

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96072

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

x 45 C96072

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Lee

(Residence in Baltimore: No.) Johns Hopkins Hosp; St.; ....yrs., ...mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ...December (Month) 11 (Day), 1849 (Year)

7-AGE, 66 yrs. 5 mos. 2 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), D.C

PARENTS.

10-NAME OF FATHER, Henry Lee

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Anna Coleman

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hardy

(Address) Johns Hopkins Hospital

15- JUN 25 1916 Filed....., 191.... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1916, to June 25 1916, that I saw him alive on June 24 1916, and that death occurred, on the date stated above, at 4 20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation
Primary Neoplasm of Bladder
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Carcinoma of Bladder
(Duration) 7 yrs. 4 mos. ....ds.

(Signed) [illegible] M. D.
June 25 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. 6 ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence 98 Md Ave S.W. Wash D.C

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. | DATE OF BURIAL, 6/26, 1916

20-UNDERTAKER Henry W. Evans & Son | ADDRESS 1054 Eutaw

Henry Lee Escort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96073

CERTIFICATE OF DEATH.

103

C96073

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abe D. Blum

(Residence in Baltimore: No. 1606 Miller St.; Cite yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 10, 1860 (Month) (Day) (Year)

7-AGE, 56 yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Varnisher
(b) General nature of industry, business, or establishment in which employed (or employer). Furniture

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Dan'l Blum

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Katy Blum

(Address) 1606 Miller St

15- JUN 25 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23, 1916 to June 25 1916, that I saw h.. alive on June 25 1916, and that death occurred, on the date stated above, at 4.20 A m.

The CAUSE OF DEATH* was as follows:

Acute Gastric Perforation
from ulcer

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) General peritonitis

(Duration) ... yrs. ... mos. 2 ds.

(Signed) H. Raskin M. D.

6/25/16., 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 56 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1606 Miller St

Former or usual residence 1606 Miller St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendly, DATE OF BURIAL, Jun 26, 191.6

20-UNDERTAKER Dan'l Goodman ADDRESS 118 N Howard

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

13. C96074 — 119 C96074 — REGISTERED No. C .....

1-PLACE OF DEATH Biedler Mry Sellmann Sanitarium

CITY OF BALTIMORE (No. 2724) Charles St ST.; 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Niedenummer

(Residence in Baltimore: No. 110 Park ave. St.; 34 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Dec. (Month) 8th (Day), 1881 (Year)

7-AGE: 34 yrs. 6 mos. 16 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Saloonkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or country): Dont Know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katie Niedenummer

(Address) 110 Park ave

15. Filed JUN 25 1916, 191. ROBERT . KRAUTH, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1916, to June 24 1916, that I saw h~~im~~ alive on June 23, 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) — yrs. — mos. 12 ds

Contributory (SECONDARY): Alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M K Gorsuch M. D.

June 24, 1916 (Address) 117 W Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. 11 ds. In the State 34 yrs. — mos. ..... ds.

Where was disease contracted, if not at place of death? 110 Park ave

Former or usual residence 110 Park ave

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: June 27, 1916

20-UNDERTAKER: J B Kuppuet — ADDRESS: 2238 Fredk Ave

Spec.—5-15-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96075

CERTIFICATE OF DEATH.

42 C96075

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1929 W. Franklin ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Elizabeth Laplanche

(Residence in Baltimore: No. 1929 W. Franklin St.; 7 yrs., 6 mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 22 (Day), 1891 (Year)

7-AGE, 25 yrs. 6 mos. 1 ds.

If LESS than 1 day, ... hrs. or 6 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER, Bernard Fallon

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co. Md.

12-MAIDEN NAME OF MOTHER Catherine Smith.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. E. Shannon

(Address) 700 Fulton ave

15- Filed JUN 25 1916, 191... ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1915, to June 23 1916, that I saw her alive on June 21. 1916, and that death occurred, on the date stated above, at 11:25 a. m.

The CAUSE OF DEATH* was as follows:

Sarcoma uteri

Clinical Diagnosis

(Duration) 2 yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion and Exhaustion

(Duration) 6 yrs. 2 mos. 6 ds.

(Signed) Geo. E. Shannon M. D.

June 23, 1916 (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL. 6-24, 1916

20-UNDERTAKER H. C. Brauning's Son

ADDRESS 617 N. Schroeder St

Spec.—5-19-13—M. & T.—500 Bks.

C96076

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96076

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Hollins ST.; 18 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Schuppe.

(Residence in Baltimore: No. 1212 Hollins St.: — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Dec (Month) 15 (Day); 1830 (Year)

7-AGE. 85 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Lena Schuppe

(Address) 1212 Hollins St.

15- JUN 26 1916, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 1916, to June 23 1916, that I saw him alive on June 23 1916, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(Duration) 2 yrs. mos. ds.

(Signed) M. A. Weil M. D.

Jan 25, 1916 (Address) 105 N. Paca Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, June 26, 1916

20-UNDERTAKER Robert S. Brookman ADDRESS 175 Calhoun St

13

C96077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1842 Belt Ave St.: 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes Barnes

(Residence in Baltimore: No. 1842 Belt Ave St.; yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 19, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John A Barnes.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Mary A Brady.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Barnes (mother)

(Address) 1842 Belt Ave

15- FILED JUN 26 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
Congenital
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M Bernhardt M. D.
(Coroner.)

June 24, 191.6 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, June 26th 19.16

20-UNDERTAKER D & M J Flynn

ADDRESS 1422 Light

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96078 81 C96078

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 N. Fulton Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Lyon

(Residence in Baltimore: No. 526 N. Fulton ave St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) mar. wd

6-DATE OF BIRTH, January 21, 1846.
(Month) (Day) (Year)

7-AGE, 70 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Bedford London England

PARENTS.

10-NAME OF FATHER, Edward Lyon

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Annie Lyon

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Lyon

(Address) 526 N. Fulton Ave

15- Filed JUN 26 1916 HARRY U. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16th 1916, to June 24th 1916, that I saw her alive on June 24 1916, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Atherosclerosis General

(Duration) 4 yrs. — mos. — ds.

(Signed) Gustave Hohemann M. D.

, 191... (Address) 656 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cremation Co. DATE OF BURIAL, June 26 191 6

20-UNDERTAKER J. Adams & Co ADDRESS 1611 Madison

MW. 6368

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96079

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96079

CERTIFICATE OF DEATH.

15 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 N. Royal Ave St.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie L. Meigs

(Residence in Baltimore: No. 1311 N. Royal Ave St.; 27 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 24th, (Month) (Day) 1865 (Year)

7-AGE, 51 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St Lawrence Co New York

PARENTS.

10-NAME OF FATHER, William Walker.

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry L. Meigs

(Address) 1311 N. Royal Ave

15- Filed JUN 26 1916, 191... HARRY G. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24th, (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 28th 1916, to June 24th 1916, that I saw her alive on June 24th 1916, and that death occurred, on the date stated above, at 12:15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) yrs. mos. 7 ds.

(Signed) Wyatt Shirley Perkins M. D.

June 24th, 1916. (Address) Rockhill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, June 26, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96080 C96080

CERTIFICATE OF DEATH.

B 64

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1570 N. Fayette ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Clay Amoss

(Residence in Baltimore: No. 1570 N. Fayette St.; 28 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, August 27th, 1833.
(Month) (Day) (Year)

7-AGE, 82 yrs. 9 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Retired Clerk

9-BIRTHPLACE, (State or Country), Harford Co. Md.

PARENTS.

10-NAME OF FATHER, Samuel H. Amoss

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rachel Pearson

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Margaret Amoss

(Address) 1570 N. Fayette St

15- Filed JUN 26 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1916, to June 23 1916, that I saw h[illegible] alive on June 23 1916, and that death occurred, on the date stated above, at 5 0 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage.

Duration 0 yrs. 0 mos. 3 ds.

(Signed) Henry J. Hahn M. D.

June 25, 1916. (Address) 508 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 26, 1916

20-UNDERTAKER Joseph L. Cook ADDRESS 1003 Park Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96081 64 C96081

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Hanover ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Gottschalk

(Residence in Baltimore: No. 810 Hanover St.; 35 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widowed

6-DATE OF BIRTH, June (Month) (Day), 1864 (Year)

7-AGE, 52 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Gottlieb Huber

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Huber

(Address) 2441 E. Preston

15- Filed JUN 26 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1916, to June 24 1916, that I saw her alive on June 23 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

.....

.....

Apoplexy

..... (Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

..... (Duration) 3 yrs. ...mos. ...ds.

(Signed) [signature] M. D.

6/24/, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cem — DATE OF BURIAL, June 26 1916

20-UNDERTAKER Jos Jacobs & Son — ADDRESS 2173 E. Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96082

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

13

45 C96082

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 N. Washington St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth M. Jenkins

(Residence in Baltimore: No. 1236 N. Washington St St.; 5 yrs. 11 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: July (Month) 17 (Day), 1910 (Year)

7-AGE: 5 yrs. 11 mos. 8 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Warren M. Jenkins

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Valeria Doobs.

13-BIRTHPLACE OF MOTHER (State or country): Balt. County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Warren M. Jenkins

(Address) 1236 N. Washington St

15-JUN 26 1916 HARRY [illegible]
Filed ..... 191 ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 2nd, 1915, to, June 25th 1916, that I saw h.r alive on June 24th 1916, and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left Kidney

(Duration) ..... yrs. 10 mos. ..... ds.

Contributory (SECONDARY) General metastases

(Duration) ..... yrs. 5 mos. ..... ds.

(Signed), Albert E. Dingman M. D.

June 26th, 191 6 [Address] 1133 E. Northan

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: June 27 191 6

20-UNDERTAKER: Frank A. Fink ADDRESS: 915 N. Gay St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96083 50 C96083

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2045. Norris (St.) 19 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Reckard

(Residence in Baltimore: No.) 2045. Norris (St.) 65 yrs., 10 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 2nd (Day), 1850 (Year)

7-AGE, 65 yrs. 10 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or Country). Balto Maryland

PARENTS.

10-NAME OF FATHER. Ewebery Reckard

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Mary E. Bell

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno W Reckard

(Address) 2045. Norris St.

15-JUN 26 1916 HARRY ...

Filed....., 191..Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26 1916, to June 26 1916, that I saw h...alive on June 25 1916, and that death occurred, on the date stated above, at 12 03 a m.

The CAUSE OF DEATH* was as follows:

.....Coma.....

..... (Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

..... (Duration) ...yrs. 3 mos. ...ds.

(Signed) Wm J. F. Blake M. D.

June 25, 1916 (Address) 110 S. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, June 27, 1916

20-UNDERTAKER John J Fields

ADDRESS 1300 W Lombard st

SCALE OF DEATHS in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1320

C96084

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2751 Rayner Ave ST.; 46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Edward Freeman

(Residence in Baltimore: No. 644 W. Baltimore St.; Life yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 6 (Day), 1880 (Year)

7-AGE, 36 yrs. — mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter (House)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md. State

PARENTS.

10-NAME OF FATHER, Charles Walter Freeman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md. State

12-MAIDEN NAME OF MOTHER Elizabeth Linn

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md. State

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel D. Freeman

(Address) 3243 W. Biddle St.

15- Filed JUN 28 1916, 191.... HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1916, to June 24 1916, that I saw him alive on June 24 1916, and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis with Cardiac hypertrophy

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) — yrs. — mos. 1 ds.

(Signed) J. T. Owens M. D.

June 25, 1916. (Address) 1042 E. Lanvale Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, June 27th, 1916.

20-UNDERTAKER Henry H. Jenkins Sons Co

ADDRESS 1116 Gilmor & Orchard Sts.

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13.—M. & T.—500 Bks.

Spec.—5-19-13.—M. & T.—500 Bks.

B C96085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C96085

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N. Vincent ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loetta Epps

(Residence in Baltimore: No. 909 N. Vincent St.; ... yrs., 4 mos. 6 ds.)

CAUSE OF DEATH: In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Feb (Month) 19 (Day), 1916 (Year)

7-AGE: ... yrs. 4 mos. 6 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: John Epps

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Mary Campbell

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Epps

(Address) 909 N. Vincent St

15- JUN 26 1916 191...

HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 - 1916, to June 25 - 1916, that I saw her alive on June 24 - 1916, and that death occurred, on the date stated above, at 12 - m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. L. McCarthy M. D.

June 26, 1916. (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: June 25, 1916

20-UNDERTAKER: Jas. T. Dare & Son

ADDRESS: 88 Mosher

Spec.—8-24-14—M. & T.—2000 Blks.

C96086 C96086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. C 151

1-PLACE OF DEATH Biedler and Tillman Sanitorium

CITY OF BALTIMORE: (No. 2724 N Charles ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Quintero

(Residence in Baltimore: No. 629 W Franklin St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... June (Month) 25 (Day), 1916 (Year).

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Enrique Quintero

11-BIRTHPLACE OF FATHER (State or Country), Portorico

12-MAIDEN NAME OF MOTHER Anna Gwynn

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Enrique Quintero

(Address) 629 W. Franklin St.

15- JUN 26 1916 ..... 191.....

HARRY C. ANDREWS

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to June 25 1916, that I saw h in alive on June 25 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

8 Mo Child

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature Birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. A. Long M. D.

June 26, 1916 (Address) Hamilton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, June 26, 191...

20-UNDERTAKER W W Moulton

ADDRESS 2201 Gre

IMPORTANT.—Please print plainly, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B. C96087 C96087

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1723 N. Broadway ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kathryn E. Barnes

(Residence in Baltimore: No. 1723 N. Broadway St.; 10 yrs., 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 7, 1905
(Month) (Day) (Year)

7-AGE, 10 yrs. 9 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles K. Barnes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E. Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles K. Barnes

(Address) Glen Arm, Md

15- Filed JUN 26 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to June 24 1916, that I saw her alive on June 24 1916, and that death occurred, on the date stated above, at 6.10 P m.

The CAUSE OF DEATH* was as follows:

Acute Stenosis

..... (Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Endocarditis

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) ..... M. D.

June 26, 1916. (Address) 1531 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, June 27 1916

20-UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager

Fill in all blanks with ink or typewriter. Make no mark outside of lines. Do not fold. Do not use pencil. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96088 C96088

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 505 S. Decker ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elija S. King

(Residence in Baltimore: No. 505 S. Decker ave St.: 66 yrs. 3 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March (Month) 22. (Day), 1850 (Year)

7-AGE, 66 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, John King

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mrs. Minnie Kahler

(Address) 505 S. Decker ave.

15- HARRY S. ANDREWS
Filed JUN 26 1916 191 JUN 26 1916 Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21st 1916, to June 24. 1916, that I saw h-im alive on June 24th 1916, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 3 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. W. Jones M. D.

June 25, 1916 (Address) 2116 Vidonnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel — DATE OF BURIAL, June 26, 1916

20-UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

13 C96089

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C96089

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. Phipps Clinic John Hopkins Hospital 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew W. Gore.

(Residence in Baltimore: No. 707 Carwell Ave St.; 25 yrs. ~~25~~ ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: July 6 (Month) (Day) 1873 (Year)

7-AGE: 42 yrs. 11 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Jacob W. Gore

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Emma Williams.

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clarence A. Neymann

(Address) Phipps Clinic John Hopkins Hosp.

JUN 26 1916

Filed ....., 191

HARRY U. ANDREWS
Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22, 1916, to June 25 1916, that I saw h im alive on June 25 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Cardiac insufficiency

(Duration) ..... yrs ..... mos. 3 ds.

Contributory (SECONDARY) Chronic Alcoholism acute alcoholic hallucinosis (Duration) 25 yrs. 6 days ..... yrs ..... mos. ..... ds.

(Signed), Clarence A. Neymann M. D.

June 25 1916. [Address] Phipps Clinic John Hopkins Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 3 ds. In the State — yrs — mos — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 707 Carwell Ave.

19-PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL June 27, 1916

20-UNDERTAKER Chenoweth & Son ADDRESS 367 Chestnut ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13 C96090

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C96090

CERTIFICATE OF DEATH.

REGISTERED No. C ?

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 814 W Berry ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Brown

(Residence in Baltimore: No. 814 W. Berry St.

S. 30 yrs. ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) 1st (Day), 1849 (Year)

7-AGE 67 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Harford Co Md

PARENTS.

10-NAME OF FATHER, James Burton

11-BIRTHPLACE OF FATHER (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER, Sara J Burton

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Grace Brown

(Address) 814 W. Berry St.

15- JUN 26 1916 Filed ..... 191.... HARRY C. ANDREWS Registrar Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John J Morrissey M. D. (Coroner)

June 24 1916 (Address) 763 2 N. Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, June 26 1916

20-UNDERTAKER, Chenowith & Son — ADDRESS 367 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B

C96091

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40

C96091

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1619 Penna. ave ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Allen

(Residence in Baltimore: No. 1619 Penna. ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem'l

4-COLOR OR RACE: Colored

5-~~SINGLE, MARRIED WIDOWED OR DIVORCED~~ (Write the word): widow

6-DATE OF BIRTH: unknown (Month), 1 (Day), 1852 (Year)

7-AGE: 64 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) I William T Hill

(Address) 1614 Penna ave

15. JUN 26 1916 191 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 24 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1916, to June 24 1916, that I saw her alive on June 24, 1916, and that death occurred, on the date stated above, at 6-45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pylorus as
Metastates of Carcinoma of breast.

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Cachexia

(Duration) — yrs. 1 mos. ..... ds.

(Signed), M E Vaughan M. D.

June 26, 1916 (Address) The Walbert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Ft Lion Cemetery — DATE OF BURIAL: June 27, 1916

20-UNDERTAKER: John H Loudon — ADDRESS 142 Hill St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

B C96092

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96092

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Moore ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Green

(Residence in Baltimore: No. 514 Moore St.; ——yrs.,——mos.——ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Sing'l

6-DATE OF BIRTH, Dec. (Month) 19 (Day), 1915 (Year)

7-AGE, ...yrs. 6 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Hattie Green

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christina Opher

(Address) 514 Moore

15- FILED JUN 26 1916, 191..... HARRY C. ANDREWS Clerk Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to June 25 1916, that I saw h[er] alive on June 24 1916, and that death occurred, on the date stated above, at 7.15 A. m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) ....yrs. 15 mos. 14 ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) ....yrs. ....mos. ....ds.

(Signed) William E. Burton M. D.

June 25, 191.6 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, June 26, 1916

20-UNDERTAKER John H Toadvine ADDRESS 142 N Hill St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96093 C96093

CERTIFICATE OF DEATH.

152

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2657 Edmondson Ave St.; 30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Quartzman

(Residence in Baltimore: No. 2657 Edmondson Ave St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June (Month) 24 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Jos H Quartzman

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER, Charlotte Wechman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Quartzman

(Address) 2657 Edmondson Ave

15-

Filed JUN 26 1916 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 1916, to June 25 1916, that I saw h[illegible] alive on June 25 1916, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebritis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter Sorrin M. D.

June 25, 1916. (Address) 2300 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, 6-28-, 1916.

20-UNDERTAKER H. C. Brauning & Son

ADDRESS 317 N Schroeder St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 E North ave ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernedette M. Wicklas

(Residence in Baltimore: No. 2207 E. North Ave St.; 1 C yrs., mos. de.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, Feb. (Month) 6 (Day), 1887 (Year)

7-AGE, 29 yrs. 4 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Wash. D. C.

PARENTS.

10-NAME OF FATHER, W. R. Curtin

11-BIRTHPLACE OF FATHER (State or Country), Con.

12-MAIDEN NAME OF MOTHER Clarence Lavender

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm R Curtin

(Address) 2207 E North ave

15-

Filed JUN 26 1916 191 Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 2- 191, to June 24 1916, that I saw h- alive on June 23 1916, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Anuerysm Arch Aorta

(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Broken Compression

(Duration) yrs. mos. ds.

(Signed) Geo Cowton M. D.

June 25 1916, 101 (Address) 1 E 26th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dulte Cemetery

DATE OF BURIAL, June 27, 1916

20-UNDERTAKER E L Denning

ADDRESS 1938 E Lafayette

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 96095

CERTIFICATE OF DEATH.

28

C96095

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1746 Schroder ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse O Carey

(Residence in Baltimore: No. 1746 S Charles St St.; Life yrs, mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December 15th, 1894
(Month) (Day) (Year)

7-AGE, 21 yrs. 6 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Beal E Carey

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md.

12-MAIDEN NAME OF MOTHER mary C Redmon

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beal E Carey

(Address) 1746 S Charles St

15- Filed JUN 26 1916 191... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24th 1916, to June 24th 1916, that I saw him alive on June 24th 1916, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. J. O'Donnell M. D.

June 24th, 1916 (Address) 107 E West St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodstock Howard Co Md. DATE OF BURIAL, June 27 1916.

20-UNDERTAKER W H G Evans Jr ADDRESS 1428 S Charles

CAUSE OF DEATH to be plainly stated. Every question must be answered if possible. Information required is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

JUN 26 1916

C96096

CERTIFICATE OF DEATH.

C96096

92

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2114 Druid Hill Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Thomas Bell

(Residence in Baltimore: No. 2114 Druid Hill Ave St.: 4 yrs., 6 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. (Copied) 11, 1911.
(Month) (Day) (Year)

7-AGE, 4 yrs. 6 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Eugene H. Bell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maud Perry

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene H. Bell

(Address) 2114 Druid Hill Ave

15-

Filed JUN 26 1916 191.....

HARRY D. ABERNETHY
Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/17 191 6, to 6/24 1916, that I saw h[illegible] alive on 6/24 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) B. Mc Rhetts M. D.

6/24, 191.6. (Address) 213 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residance

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem.

DATE OF BURIAL, June 27, 1916.

20-UNDERTAKER George N. Holland

ADDRESS 517 Robert St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96097

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96097

CERTIFICATE OF DEATH.

45

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Jefferson ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Edward Harris

(Residence in Baltimore: No. 1416 Jefferson St. St.; 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (~~Write the word.~~) married

6-DATE OF BIRTH, June 24th (Month) (Day), 1869 (Year)

7-AGE, 47 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Montgomery Co Md

PARENTS.

10-NAME OF FATHER, Wm T. Harris

11-BIRTHPLACE OF FATHER (State or Country), Montgomery Co Md

12-MAIDEN NAME OF MOTHER Susan E. Cook

13-BIRTHPLACE OF MOTHER (State or Country), Montgomery Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Alice Harris

(Address) 1416 Jefferson St.

15- Filed JUN 26 1916, 191.... Burial Permit Clerk
HARRY D. ABBEY
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18th 1916, to June 24 1916, that I saw h— alive on June 24th 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder
Contributory Pulmonary Tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) Wm Wilson M. D.

June 25, 1916. (Address) 1220 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL, June 27, 1916

20-UNDERTAKER Chas O. Bailey ADDRESS 1421 Jefferson

important. See instructions on back of certificate.

C96098

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96098

CERTIFICATE OF DEATH.

13 64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Guilford Av. ST. Mary Sanatt. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel J. Lynch

(Residence in Baltimore: No. Unknown St.: yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ..., 1871.
(Month) (Day) (Year)

7-AGE, 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Type Setter
(b) General nature of industry, business, or establishment in which employed (or employer) .....

PARENTS.

9-BIRTHPLACE, (State or Country), Dont Know

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Rutherford

(Address) 206 St Paul St

15- JUN 26 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy,
(Cerebral Hemorrhage)
(Duration) Instantly mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. J. Tilley M. D.
(Coroner.)
June 26 1916 (Address) 1639 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, June 27, 1916

20-UNDERTAKER Wm Cook

ADDRESS 501 E Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

C96099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C96099

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N York ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Gray

(Residence in Baltimore: No. 15 York St.; 35 yrs., X mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 13 (Day), 1880 (Year)

7-AGE, 35 yrs. ... mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private residence

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Gray

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co Md

12-MAIDEN NAME OF MOTHER Annie Gray

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Gray

(Address) 15 York St

15- Filed JUN 26 1916 191... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to Jun 24 1916, that I saw h.er alive on Jun 24 1916, and that death occurred, on the date stated above, at 4 P, m.

The CAUSE OF DEATH* was as follows: Hypertension Heart (783)

..... (Duration) ...yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ...yrs. 1 mos. 4 ds.

(Signed) C. H. Finch M. D.

June 25, 1916 (Address) 712 S. Mary St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, June 27, 1916

20-UNDERTAKER William Leith — ADDRESS 502 E Northam

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96100 C96100

CERTIFICATE OF DEATH.

1 REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Gentry

(Residence in Baltimore: No. 324 Courtland St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH. Dec 20, 1853 (Month) (Day) (Year)

7-AGE. 63 yrs. 6 mos. 25 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Broom Maker
(b) General nature of industry, business, or establishment in which employed (or employer). " "

9-BIRTHPLACE, (State or Country), Md. Balt.

PARENTS.

10-NAME OF FATHER. Robt Kirby

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Munroe

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev'd Mercy Hosp

(Address) Calvert St

15- Filed JUN 26 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to June 25 1916, that I saw h m alive on June 25 1916, and that death occurred, on the date stated above, at 2.05 m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

about 1 (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L. Smith M. D.

June 25 191 6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 13 ds. In the State 63 yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 324 Courtland St

Former or usual residence 324 Courtland St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, ...6....., 1916.

20-UNDERTAKER [illegible] ADDRESS [illegible]

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B. C96101 C96101

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 S. Luzerne Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hesenauer

(Residence in Baltimore: No. 55 S. Luzerne Ave. St.; ...yrs., mos. 1/6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 23 (Day), 1916 (Year)

7-AGE, ...yrs...mos...ds.

If LESS than 1 day, 3 hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Adam Hesenauer

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eva Smith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mabel Beet. M.D.

(Address) 613 Park Ave.

15- Filed JUN 26 1916 ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1916, to June 23 1916, that I saw him alive on June 23 1916, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) Mabel Beet M. D.

June 24, 1916 (Address) 613 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec. —8-24-14—M. & T.—2000 Bks.

B

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96102 C96102

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hughes

(Residence in Baltimore: No. 502 E. Chase St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 66 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Coy

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St.

15- JUN 26 1916 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 191 6, to June 21 191 6, that I saw h m alive on June 21 191 6 and that death occurred, on the date stated above, at 5.00 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Atrial

..... (Duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Edward P. Smith M. D.

June 26, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1½ ds. In the State 3 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 502 E. Chase St.

Former or usual residence 502 E. Chase St.

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96103

CERTIFICATE OF DEATH.

40

C96103

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 Flint St ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Stockman

(Residence in Baltimore: No. 1636 Flint St St.; 6/8 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 4 (Month) (Day), 1867 (Year)

7-AGE, 52 yrs. 2 mos. 20 ds.

If LESS than 1 day, ... hrs. or ..... mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Iron .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Business (Self) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Stockman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lena Bumbach

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Stockman

(Address) 1636 Flint St

15- Filed JUN 26 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1915, to June 24 1916, that I saw h im alive on June 23rd 1916, and that death occurred, on the date stated above, at 10:10 A m.

The CAUSE OF DEATH* was as follows:

Malignant growth of the abdomen involving the Liver

Chronic ..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetes

..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) A Fries M. D.

June 25th, 1916 (Address) 24 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	June 27.., 1916
20-UNDERTAKER	ADDRESS
D. Sander & Sons	17 & Flint St

Important. See instructions on back of certificate.

N 1438

Spec.—5-19-13—M. & T.—500 Bks.

B C96104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 C96104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 E 27th St. ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Hanna Sr.

(Residence in Baltimore: No. 536 E 27th St. St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, April (Month) 10 (Day), 1839 (Year)

7-AGE, 77 yrs. 2 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Robert Hanna

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Susan Herron

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Hanna

(Address) 536 E 27 St.

15- JUN 26 1916 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15th 1916, to June 25th 1916, that I saw h- alive on June 25th 1916, and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Epithelioma of Nose.

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY.....
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. H. Krug otroy M.D. M. D.

June 25, 1916. (Address) 2537 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bernadotte Soldiers Lot DATE OF BURIAL. June 27, 1916

20-UNDERTAKER, E A Redmond Jr ADDRESS Greenmount Ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96105

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C96105

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 154 McPhail St.; 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Karl W. G. Schmidt

(Residence in Baltimore: No. 154 McPhail St.; 2 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	married

6 DATE OF BIRTH Feb. (Month) 29 (Day) 1864 (Year)

7 AGE 52 yrs. 4 mos. 26 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Brewer.
(b) General nature of industry, business, or establishment in which employed (or employer): Brewery.

9 BIRTHPLACE (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) unknown.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) unknown.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katherine Schmidt

(Address) 154 McPhail St.

15 Date JUN 26 1916 191 ROBERT . BRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June (Month) 24 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to June 24 1916 that I saw h alive on June 24, 1916, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism,
Cerebral Hemorrhage?

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. Heller Hemming M. D.

June 26, 1916 (Address) 2007 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Eastern Cemetery	June 27, 1916
20 UNDERTAKER	ADDRESS
Charles P. Sell (Funeral Office	310

B

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B .C96106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 170 C96106

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. ~~A~~ Baby Ilsen

(Residence in Baltimore: No. John Hopkins Hosp. St.; yrs., 4 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, March 7th, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto. City.

PARENTS.

10-NAME OF FATHER, Joseph S. Tuckey

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Margaret S. Wallace

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Marsh

(Address) Johns Hopkins Hospital

15- JUN 26 1916 191..... ROBERT . KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 25 1916, that I saw her alive on June 25 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

10 months

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. 6 mos. ds.

(Signed) Paul Thorgen M. D.

June 25, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 53 yrs. 3 mos. 18 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Ireland Md

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet DATE OF BURIAL. June 27 1916

20-UNDERTAKER C. M. Mitchell & Co. ADDRESS 1201 W. Fayette

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

13 C96107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C96107

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 W. Biddle ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lenne Alexander

(Residence in Baltimore: No. 232 W. Biddle St.; 1 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 7 (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, W. M. P. Alexander

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Daisy Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy Smith

(Address) 232 W Biddle

JUN 26 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to June 24 1916, that I saw h[illegible] alive on June 23 1916, and that death occurred, on the date stated above, at 6 40 a.m.

The CAUSE OF DEATH* was as follows:

Peritonitis & Gastro-
Intestinal Intoxication

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Marx M. D.

June 25, 1916 (Address) 827 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lawn Cemetery

DATE OF BURIAL, June 27, 191...

20-UNDERTAKER John A. Bishop

ADDRESS 1117 Pennsylvania Ave

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Pauline Otis

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks. Paulina Olis

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96108 — 170 C96108

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Fell ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paulina Olés

(Residence in Baltimore: No. 912 Fell St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, (Month) Nov (Day) 8 (Year) 1837

7-AGE, 79 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9-BIRTHPLACE, (State or Country): German Poland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): German Poland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Michael Sadowski

(Address) 705 S. Ann St.

15- Filed JUN 26 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 1916, to June 25 1916, that I saw h[er] alive on June 25 1916, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. ds.

(Signed) Rev. Michael Sadowski M. D.

June 26., 1916. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus, DATE OF BURIAL, June 28, 1916.

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96109 64 C96109

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C .....

CITY OF BALTIMORE: (No. 2222 W. NORTH AVE ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca P. Mayfield

(Residence in Baltimore: No. 2222 W. North Ave St.; 80 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 15, 1836 (Month) (Day) (Year)

7-AGE, 80 yrs. mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER. Jos. Stansbury

11-BIRTHPLACE OF FATHER (State or Country). Carroll Co Md

12-MAIDEN NAME OF MOTHER Martha Stucks

13-BIRTHPLACE OF MOTHER (State or Country). Pennsa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Gruber

(Address) 5525 W. Baltimore

15 JUN 26 1916 ROBERT KRAUTER, Burial Permit Clerk

Filed ..... 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1916, to June 26 1916, that I saw h[er] alive on June 24 1916, and that death occurred, on the date stated above, at 10[a] m.

The CAUSE OF DEATH* was as follows:

Asthenia

..... (Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Duties Edwards

..... (Duration) Since yrs. ..... mos. ..... ds.

(Signed) Leonard A Beach M. D.

6/26/16 191... (Address) 1[illegible] W. [illegible] St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, June 28, 1916

20-UNDERTAKER Harry W. Ehlen — ADDRESS 1944 W. North Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96140 108 C96140

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1500 Pennsylvania Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel I Brown

(Residence in Baltimore: No. 1500 Penna Ave St.; 41 yrs., 10 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, August 7, 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mail order
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Sommerlock

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Carrie Laib

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F Sommerlock

(Address) 1500 Pennsylvania Ave

15- Filed JUN 26 1916, 191.....

ROBERT J. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-17 1916, to 6-25 1916, that I saw h[illegible] alive on 25 June 1916, and that death occurred, on the date stated above, at 12 30 p m.

The CAUSE OF DEATH* was as follows:

Intestinal Toxaemia
Appendicitis, Chronic

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) yrs. mos. ds.

(Signed) H. G. Barrett M. D.

6-26, 1916. (Address) 1671 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 28, 1916.

20-UNDERTAKER Katzy W Ehlen ADDRESS 944 W Northan Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 108 C96111

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland Snowden

(Residence in Baltimore: No. Md. General Hosp St.; ..... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Fourteen (Day), 1894 (Year)

7-AGE, 22 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Jerry Snowden

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emily Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jess Wilson

(Address) Catonsville Md.

15-JUN 26 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 1916, to June 26 1916, that I saw h[illegible] alive on June 26 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Suppurative Appendicitis
+ Peritonitis

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer . Marcrum M. D.

6-26-, 1916. (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Dayton Md.

19-PLACE OF BURIAL OR REMOVAL, Browns Chapel Cem. DATE OF BURIAL, June 28., 1916.

20-UNDERTAKER Easton Sons ADDRESS Ellicott City

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96112 — 96112 — X 87

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead at University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Lyddard

(Residence in Baltimore: No. Non Resident St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day), 1866. (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Home.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Lyddard

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Kitty Hood

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital records

(Address) .....

JUN 26 1916 ROBERT J. KRAUTER

Filed ....., 191..... Burial Permit Given Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laryngeal Paralysis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. D. Driscoll M. D. (Coroner.)

June 26, 1916. (Address) 312 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place University Hospital in the City of death ..... yrs. ..... mos. 6 ds. State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1111 Guy Md.

19-PLACE OF BURIAL OR REMOVAL, Mount Ary Md. DATE OF BURIAL, June 27 1916

20-UNDERTAKER Geo A Gerber ADDRESS Balto & Payson St

Joseph M. Tucker Jr.

Joseph M. Tucker Sr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96143 64 C96143

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Edmondson Ave ST.S 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M. Pulaski Tucker Sr.

(Residence in Baltimore: No. 2140 Hilkins Ave. St.; yrs., None mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White.	Married

6-DATE OF BIRTH, ... June 24 ....., 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. ✓ mos. ✓ ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Plasterer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto., Md

PARENTS.

10-NAME OF FATHER, Joseph Ross Tucker

11-BIRTHPLACE OF FATHER (State or Country), Balto., Md

12-MAIDEN NAME OF MOTHER Anna Bishop,

13-BIRTHPLACE OF MOTHER (State or Country), Balto., Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph M Tucker Jr.

(Address) 2140 Hilkins Ave

15- JUN 26 1916 Filed....., 191.....

ROBERT J. KRAUTHOFF, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 24 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

One hours

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Not Known

(Duration) ....yrs....mos....ds.

(Signed) H. Nelson, M. D.
(Coroner)

June 26 1916. (Address) 919 N Carlton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....None.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	June 27 1916,
20-UNDERTAKER	ADDRESS
Geo. A. Gerber	Balto & Payson Sts

important. See instructions on back of certificate.

C96114

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 103

C96114

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 898 Boyd st ST.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Williams

(Residence in Baltimore: No. 898 Boyd St.: — yrs. — mos. — ds.)

N. B.—Every question should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown (Month) (Day) , 1 (Year)

7-AGE: about 53 yrs. mos. ds. If LESS than 1 day, hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Labour (Day)
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): unknown

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margarett Williams

(Address) 898 Boyd St

15- JUN 27 1916 Filed , 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 24 (Day) , 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 13th, 1916, to, June 24 1916, that I saw h[illegible] alive on June 23, 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

(Duration) — yrs. 1 mos. 14 ds

Contributory (SECONDARY)

(Duration) yrs. — mos. ds.

(Signed) J. Tyler Smith M. D.

June 26, 1916 (Address) 717 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: June 27, 1916

20-UNDERTAKER: Geo H Hooper

ADDRESS: 608 Whitelock East

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

B C96115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 41

C96115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot Infirmary 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. John Harper

(Residence in Baltimore: No. Union Protestant Infirmary St.; .....yrs., ...mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 5, (Month) (Day) 1850 (Year)

7-AGE, 65 yrs. 9 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

9-BIRTHPLACE, (State or Country), S. C.

PARENTS.

10-NAME OF FATHER, Mr Thomas Harper

11-BIRTHPLACE OF FATHER (State or Country), S. C.

12-MAIDEN NAME OF MOTHER Miss Wilson

13-BIRTHPLACE OF MOTHER (State or Country), S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas R. Harper

(Address) S C

15- Filed JUN - 7 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 19 1916, to June 26 1916, that I saw h in alive on June 26 1916, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Cachexia Cancerous Exulceration

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cancerous of Cancerous Exulceration (Duration) 1 yrs. 12 mos. ....ds.

(Signed) Thomas R. Harper M. D.

June 26 1916 (Address) Dr. P. O.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State ....yrs. ....mos. 8 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Seneca, South Carolina

19-PLACE OF BURIAL, OR REMOVAL, Seneca S. C. DATE OF BURIAL, June 27, 1916

20-UNDERTAKER E. L. Harding ADDRESS 1938 E Lafayette

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96116

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96116

CERTIFICATE OF DEATH.

129

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Kearney

(Residence in Baltimore: No. 931 Rutland Ave St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, September (Month) 4 (Day), 1866 (Year)

7-AGE, 49 yrs. 9 mos. 20 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Robert Patterson

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER, Martha Coley

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed JUN 27 1916 191

ROBERT C. ANDREWS
DEPUTY REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1916 to June 24 1916, that I saw her alive on June 24 1916, and that death occurred, on the date stated above, at 12 45 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary embolism

Sudden Death

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Thrombophlebitis - femoral

Operation for myoma of uterus

(Duration) yrs. mos. 18 ds.

(Signed) John E. Walker M. D.

June 27 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 24 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 931 Rutland Avenue

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, 6/27/1916

20-UNDERTAKER Saml L. Hemsley — ADDRESS 1708 Bolton

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96117 C96117

CERTIFICATE OF DEATH.

REGISTERED No. C 4 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 194 Waverly ST.; WARD 4)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Perry

(Residence in Baltimore: No. 194 Waverly St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Cald

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Marr

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE, 19 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Perry

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Md,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lecie Perry

(Address) 705 N Fremont

JUN 27 1916

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 1916, to June 25 1916, that I saw h-r alive on June 25 1916, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Puerp Sepsis

(Duration) yrs. mos. 1 ds.

(Signed) J. H. Norwood M. D.

June 25, 191 6 (Address) 739 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery

DATE OF BURIAL, June 27, 1916.

20-UNDERTAKER Joseph A. Farrell

ADDRESS 2319 Division St

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96118 64 C96118

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 E Biddle ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geary E. Parlett

(Residence in Baltimore: No. 1509 E Biddle St.; 60 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 23, 1847 (Month) (Day) (Year)

7-AGE, 68 yrs. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Grain Brooms

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, Md Thos Parlett

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Massie Rolfe

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Parlett

(Address) 1509 E. Biddle St.

15- Filed JUN 27 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to June 25 1916, that I saw h[illegible] alive on June 25 1916, and that death occurred, on the date stated above, at 12 40 pm.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

15 Min.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) Don't Know yrs. ....mos. ....ds.

(Signed) R. G. Davis M. D.

June 26, 1916. (Address) 1573 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, June 28, 191.6

20-UNDERTAKER J. Elliott E. Fowler

ADDRESS 221 N Broadway

Important.—See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96119 C96119

CERTIFICATE OF DEATH.

REGISTERED No. C 81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1600 Millman ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ehrhart

(Residence in Baltimore: No. 1600 Millman St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED or DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March 11, 1831 (Month) (Day) (Year)

7-AGE, 85 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Thomas Ehrhart

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Ehrhart

(Address) 1600 E. Monument

15- JUN 27 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 14 1916, to June 26 1916, that I saw h[im] alive on June 25 1916, and that death occurred, on the date stated above, at 1.35 A m.

The CAUSE OF DEATH* was as follows:

General arterio-sclerosis

(Duration) Don't know yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) Don't Know yrs. mos. ds.

(Signed) Wm F Ehrhart M. D.

June 26 191.. (Address) 701 N Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemty — DATE OF BURIAL, June 28, 1916

20-UNDERTAKER Albert E Fuller — ADDRESS 221 N Broadway

Important. See instructions on back of certificate.

B C96120

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

REGISTERED No. C 96120

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 749 Ryan ST. 21 WARD)

2-FULL NAME Thomas Sholes

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 749 Ryan St. 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write this word): Single

6-DATE OF BIRTH: Feb. (Month) 12 (Day) 1902 (Year)

7-AGE: 14 yrs. 4 mos. 13 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: inmate of
(b) General nature of industry, business, or establishment in which employed (or employer): Chattenbury School

9-BIRTHPLACE (State or country): Washington D. C.

PARENTS

10-NAME OF FATHER: John Sholes

11-BIRTHPLACE OF FATHER (State or country): Prince George Co. Md.

12-MAIDEN NAME OF MOTHER: Fannie Willson

13-BIRTHPLACE OF MOTHER (State or country): Prince George Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fannie Jones

(Address) 743 Ryan St.

15- Filed JUN 27 1916

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 25 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9- 1916, to, June 25 1916, that I saw h[illegible] alive on June 14 1916, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs mos. 21 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) C. L. Nuckols M. D.

[Address] 333 N. Gilmor St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: June 27, 1916

20-UNDERTAKER: J. E. Brown & Son ADDRESS: 106 N. Monty St

TION is very important. See instructions on back of certificate.

C96121

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

C96121

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 532 W. West ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur Gross

(Residence in Baltimore: No. 532 W. West St. 5 yrs. 9 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug 31, 1910 (Month) (Day) (Year)

7-AGE: 5 yrs. 9 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Geo. Gross

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Estella Talafast

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Gross

(Address) 532 W. West St

15. JUN 27 1916 191

HARRY C. ANDERSON
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 24, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1916, to, June 24 1916, that I saw h[illegible] alive on June 24, 1916, and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Diabetes Insipidus
Jaundice

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY): Hemiplegia

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) C. H. Nelson M. D.

June 24, 1916 (Address) 712 S Ann St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Ct

DATE OF BURIAL: June 27, 1916

20-UNDERTAKER: L. L. Brown & Son

ADDRESS: 104 W. Monty St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13 C96122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1039 S Howard ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernetta Moore C

(Residence in Baltimore: No. 1039 S. Howard St.: yrs. 6 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 21, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James E Moore C

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Theobe Jones C

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theobe Jones C mother

(Address) 1039 S Howard St

15- JUN 27 1916 HARRY O. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ...yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs....mos....ds.

(Signed) Otto M Bernhardt M. D.
(Coroner)

June 26 191.. (Address) 10 17 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ct

DATE OF BURIAL, June 27, 1916

20-UNDERTAKER J. L. Brown & Son

ADDRESS 108 W Montgo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—3000 Blks.

C96123

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96123

CERTIFICATE OF DEATH.

92

B

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE. (No. 20 W. Lee Street ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Klompers

(Residence in Baltimore: No. 20 W. Lee Street St.; 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH Unknown, (Month) (Day) 1846 (Year)

7-AGE, 70 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levis

(Address) 1411 E Balto

15- JUN 27 1916, 191... HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to June 26 1916, that I saw h Er alive on June 26 1916, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Syncope

(Duration) yrs. mos. 1 ds.

(Signed) Joseph Lyciun M. D.

June 27 191... (Address) 1516 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Road

DATE OF BURIAL, 6/27, 191.6

20-UNDERTAKER Jack LeVis

ADDRESS E Balto

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96124 C96124

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 S. Wolfe St. ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Backhaus.

(Residence in Baltimore: No. 218 S. Wolfe St. St.; 21 yrs., 2 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White.	Single.

6-DATE OF BIRTH, March 26th, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. 2 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Bernard Backhaus

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Runte

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Backhaus

(Address) 718 S. Wolfe St.

15. JUN 27 1916 Filed....., 191... ALEX. C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1- 1916, to May 1- 1916, that I saw ~~him~~ alive on May 1- 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pul.

(Duration) yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) E. C. Wade M. D.

6/28/16, 191... (Address) 142 W. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, June 28, 191...

20-UNDERTAKER Lilly & Zeile ADDRESS 1038 Wolfe St.

Important. Read instructions on back of certificate.

C96125 C96125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 157

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3803 Frenchard & Fairfield ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Stohr

(Residence in Baltimore: No. 2851 Penna. ave St., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 11, 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. 10 mos. 13 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Builder

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J Roth

(Address) 2851 Penna ave

15- JUN 27 1916 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Strangulation

(Duration) yrs. mos. ds.

(Signed) John J. Morrissey M. D.
(Coroner)

June 26 1916 (Address) 3532 Landsdowne

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 27 1916

20-UNDERTAKER Wm J. Hickey & Son ADDRESS North & Pa Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96126

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C96126

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Ridgewood Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Lee Geldmacher

(Residence in Baltimore: No. 2108 Ridgewood ave St.; 21 yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 21 (Day), 1895 (Year)

7-AGE, 21 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Theodore Geldmacher

11-BIRTHPLACE OF FATHER (State or Country), Balto Co

12-MAIDEN NAME OF MOTHER, Maggie Alexander

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theodore Geldmacher

(Address) 2108 Ridgewood ave

15-

Filed JUN 27 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1916, to June 25 1916, that I saw her alive on June 25 1916, and that death occurred, on the date stated above, at 11.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(Phthisis Pulmonalis)

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary) Ulcerative Endocarditis

(Duration) ....yrs. 1 mos. 3 ds.

(Signed) Chas. A. Fettahoff M. D.

June 26, 191.6 (Address) 1807 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, 6/28, 191.6

20-UNDERTAKER William Cook

ADDRESS 502 E North

C96127

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96127

CERTIFICATE OF DEATH

B 28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2103 Oak St ST.: 12 (WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie M. Mooney.

(Residence in Baltimore: No. 2103 Oak St. ST.: 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug 22 (Month) (Day), 1896 (Year)

7-AGE: 19 yrs. 10 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Columbia S.C.

PARENTS

10-NAME OF FATHER: Albert S J. Bowersox

11-BIRTHPLACE OF FATHER (State or country): Balto Md.

12-MAIDEN NAME OF MOTHER: Nellie Jones

13-BIRTHPLACE OF MOTHER (State or country): New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Nellie Bowersox

(Address) 2103 Oak St.

15. JUN 27 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 26 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1916, to June 26 1916, that I saw h-- alive on June 25, 1916, and that death occurred, on the date stated above, at 7:50 P.M. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) 1 yrs. 6 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) R. Vreeland Stroecker M. D.

June 26, 1916 (Address) 2438 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral DATE OF BURIAL: June 28, 1916

20-UNDERTAKER: William Cook ADDRESS: 502 E North

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96128 C96128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2548 Druidhill Ave St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Gertrude Wagner

(Residence in Baltimore: No. 2548 Druidhill Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. June 24, 1908 (Month) (Day) (Year)

7-AGE, 8 yrs. — mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Savage Md

PARENTS.

10-NAME OF FATHER, Jacob Wagner

11-BIRTHPLACE OF FATHER (State or Country), Westminster Md

12-MAIDEN NAME OF MOTHER Lavinia Shipley

13-BIRTHPLACE OF MOTHER (State or Country), Woodbine Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Wagner

(Address) 2548 E. Druidhill Ave

15- Filed JUN 27 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 19 1916, to June 26 1916, that I saw her alive on June 26 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) about 2d ds.

CONTRIBUTORY (Secondary) Acute nephritis

(Duration) yrs. mos. 5 ds.

(Signed) Waldo S. Nisbett M. D.

, 191... (Address) Garrison & Cator Sts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL. 6/28, 191 6

20-UNDERTAKER Wm Cook

ADDRESS 5076 Northam

Spec.—8-24-14—M. & T.—2000 Bks.

B C96129 C96129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 N Calhoun ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ellen Bowie

(Residence in Baltimore: No. 823 N Calhoun St.; 54 yrs. 0 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (Write the word.) Married

6-DATE OF BIRTH, June (Month) 15 (Day), 1862 (Year)

7-AGE, 54 yrs. 0 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Home Work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Flynn

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Bridget Kelly

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sylvester Bowie

(Address) 823 N Calhoun

15-

Filed JUN 27 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1916, to June 25 1916, that I saw her alive on June 25 1916, and that death occurred, on the date stated above, at 7:37 m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 8 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R D Wright M. D.

6/26/16 191... (Address) 1412 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, 6/28..., 1916

20-UNDERTAKER William Cook ADDRESS 502 E Natt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96130 28 C96130

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 W. Lanvale St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Whitney

(Residence in Baltimore: No. 2012 W. Lanvale St.; 61 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 3 (Day), 1855 (Year)

7-AGE, 61 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Joshua Conner

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Martin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. A. Whitney

(Address) 2012 W Lanvale St

15 JUN 27 1916

Filed ..... 191.....

HARRY C. ANDERSON, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 5 1913, to June 25 1916, that I saw her alive on July 24 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(Fibroid Phthisis)

over

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. T. Kemp M. D.

July 26, 191.. (Address) St. James Apartments

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park

DATE OF BURIAL, June 27 1916.

20-UNDERTAKER John J. Coward & Co

ADDRESS 901 Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96131 C96131

CERTIFICATE OF DEATH.

71

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Lancaster ST.; 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Lasek

(Residence in Baltimore: No. 1708 Lancaster St.; yrs., 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, May 23, 1915 (Month) (Day) (Year)

7-AGE, yrs. 1 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Lasek

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Katherine Sozik

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Sozik.

(Address) 1708 Lancaster St.

15-JUN 27 1916 Filed....., 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1916, to June 26 1916, that I saw h[illegible] alive on June 26 1916 and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Extinction

(Duration) yrs. mos. 1 ds.

(Signed) Marian J. Kupanek M. D.

June 27, 1916. (Address) 1708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus. DATE OF BURIAL, June 27 1916

20-UNDERTAKER M. F. Sadowski, ADDRESS 705 S. Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96132 C96132

CERTIFICATE OF DEATH.

B 43

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Kenwood Ave ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie M. Murphy

(Residence in Baltimore: No. 6 N. Kenwood Ave St.; 42 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Apr. (Month) (Day), 1874 (Year)

7-AGE, 42 yrs. 2 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, John Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Scally

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bridget Murphy

(Address) 6 N. Kenwood Ave

15 JUN 27 1916 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1916, to June 25 1916, that I saw h.r alive on June 25 1916, and that death occurred, on the date stated above, at 11.15 p.m.

The CAUSE OF DEATH* was as follows:

1. Metastatic Carcinoma of Liver (Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast (Duration) 3 yrs. ....mos. ....ds.

(Signed) Wm. H. Fraught M. D.

June 25 1916. (Address) 1237 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, June 28, 1916.

20-UNDERTAKER Jno. A. Moran ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE C96133

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96133 C96133 142

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hakemann Ave Hosp ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Gray

(Residence in Baltimore: No. 1153 N Carrollton Ave St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month) (Day) 1856 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lina Gray

(Address) 1421 Fremont st

15- JUN ~ 7 1916 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1916, to June 24 1916, that I saw h alive on June 24 1916, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 7 yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary T.B.

(Duration) unknown yrs. mos. ds.

(Signed) Dr. B. Hood M. D.

June 24 191 4 (Address) 600 N Wolfe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 12 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence unknown

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 27, 1916.

20-UNDERTAKER James H Dunny

ADDRESS 1303 Pennsylvania

Spec.—8-24-14—M. & T.—2000 Bks.

C96134

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96134

CERTIFICATE OF DEATH.

115

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Tena Naiditch

(Residence in Baltimore: No. 1 N. Eden St. 1 X yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1861 (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Meyer Agen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Gitta Fiskkin

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levis

(Address) 1411 E. Balto St

15- Filed JUN 7 1916, 191.. HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 191.., to 6-21 1916, that I saw h[illegible] alive on 6-21 1916, and that death occurred, on the date stated above, at 7:30 P.m.

The CAUSE OF DEATH* was as follows:

Ruptured gall Bladder from
Gall stones attached
Pneumonia Duodenum
(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Senseral Intestinitis
(Duration) yrs. mos. 8 ds.

(Signed) M B Levis M. D.

6/26, 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1 N. Eden St.

19-PLACE OF BURIAL OR REMOVAL, New York City

DATE OF BURIAL, 6.27 191.6

20-UNDERTAKER, Jack Levis

ADDRESS 1411 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

B C96135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C96135

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Frederick Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Sadler

(Residence in Baltimore: No. 3312 Frederick Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August 1, 1914
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 10 mos. 25 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John J. Sadler

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mollie M. Schalitzky

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie M. Schalitzky

(Address) 3312 Frederick Ave

15- Filed JUN 27 1916, 191 HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to June 26 1916, that I saw h[illegible] alive on June 26 1916, and that death occurred, on the date stated above, at 3.0 m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. A. Bruce M. D.

June 26 1916 (Address) 4207 Frost Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Cathedral Cem. DATE OF BURIAL, June 28, 1916

20-UNDERTAKER Patrick A. Hannon ADDRESS 3707 Keswick

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96136 C96136

CERTIFICATE OF DEATH.

64 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Carrollton Ave. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Graydon.

(Residence in Baltimore: No. 519 N. Carrollton Ave. St.; 36 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: July (Month) 28 (Day), 1843. (Year)

7-AGE: 72 yrs. 10 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber.
(b) General nature of industry, business, or establishment in which employed (or employer): none.

9-BIRTHPLACE, (State or Country): Scotland.

PARENTS.

10-NAME OF FATHER: Joseph Graydon.

11-BIRTHPLACE OF FATHER (State or Country): Scotland.

12-MAIDEN NAME OF MOTHER: Annie Morton.

13-BIRTHPLACE OF MOTHER (State or Country): Scotland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jas. Graydon. (wife)

(Address) 519 N. Carrollton Ave.

15- JUN 27 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7th 1916, to June 24th 1916, that I saw him alive on June 24th 1916, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis.

(Duration) 3 yrs. mos. ds.

(Signed) Howard Sydebotham M. D.

6/27, 1916. (Address) 701 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ---yrs. --mos. ---ds. In the State ---yrs. --mos. ds.

Where was disease contracted, if not at place of death? ----------

Former or usual residence ----------

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL, June 27, 1916.

20-UNDERTAKER: Stewart & Bowen Com'y.

ADDRESS 108 W. North Av

Spec.—8-24-14—M. & T.—2000 Blks.

C96137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 50 C96137

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 Linden Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bettie Fleishman

(Residence in Baltimore: No. 2331 Linden Ave St.; 63 yrs., 4 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. Feby (Month) 18 (Day), 1853 (Year)

7-AGE. 63 yrs. 4 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Balto City

PARENTS.

10-NAME OF FATHER. Lewis Hess

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Not known

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. P. Fleishman

(Address) 125 Wylie Ave.

15- Filed JUN 27 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June (Month) 27 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 1915, to June 27 1916, that I saw her alive on June 26 1916, and that death occurred, on the date stated above, at 7.15 A.m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) Thomas J. Talbott M. D.

June 27 1916 (Address) 1 Marlborough Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Friendship

DATE OF BURIAL. June 29 1916

20-UNDERTAKER. J. Ahrens & Co

ADDRESS 16 11 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

B C96138

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96138

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1712 N. Milton Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida L. Smith,

(Residence in Baltimore: No. 1712 N. Milton Ave St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, June (Month) 29th (Day) 1867 (Year)

7-AGE, 48 yrs. 11 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Alexandria Va.

PARENTS.

10-NAME OF FATHER, Taylor W. Blunt

11-BIRTHPLACE OF FATHER (State or Country), N. H.

12-MAIDEN NAME OF MOTHER Louisa E. Evans

13-BIRTHPLACE OF MOTHER (State or Country), N. H.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willie E. Smith

(Address) 1712 N. Milton Ave

15- Filed JUN 27 1916 191... HARRY O. ANDREWS Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 23rd (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3rd 1910, to June 23rd 1916, that I saw her alive on June 22nd 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Duodenal Ulcer

(Duration) yrs. mos. 2 ds.

(Signed) Elbert G. Dinsmore M. D.

6/26/, 1916 (Address) 1614 N. Charles Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem DATE OF BURIAL, June 27, 191...

20-UNDERTAKER Adolph B. Cook ADDRESS 1003 Watts St

Spec.—8-24-14—M. & T.—2000 Bks.

B C96139

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96139

64

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31-N. Streeper ST. 46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ottilie Zeller

(Residence in Baltimore: No. 31 N Streeper St St.; 16 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, July (Month) 31 (Day), 1837 (Year)

7-AGE, 78 yrs. 11 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ottilie Schultz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Murphy

(Address) 31 N. Streeper St.

15- Filed JUN 27 1916, 191.....

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1916, to June 25 1916, that I saw h[illegible] alive on June 25 1916, and that death occurred, on the date stated above, at 6 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 0 yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John G. Owens M. D.

June 26 1916. (Address) Fayette & Fulton Sts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, June 28 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 E Hoffman

B C96140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 5 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital (WARD)

2-FULL NAME Jos Simms (Simms)

(Residence in Baltimore No. 407 N Eden St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M	Blk	Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1 ..... (Year)

7-AGE	If LESS than 1 day,
60 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Md

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Md

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R C Gross

(Address) 1405 McElderry St

15-

Filed JUN 27 1916 HARRY C. ANDREWS

Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asthenia Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H K Mullen (Coroner.) M. D.

....., 191... (Address) 1 E Dulaney

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... ds. In the State 55 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 407 N Eden St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, June 28 1916

20-UNDERTAKER R C Gross — ADDRESS 1405 McElderry St

Important. See instructions on back of certificate. Each blank space must be filled. Where information is not known, or the question is not applicable, write "Unknown" or "Not applicable." Where the exact information is not known, but can be approximated, it should be given. Where the number of years is less than one year, write "1"; where the number of days is less than one day, write "1." Where the number of years is more than one year, write the number of years and months. Where the number of months is more than one month, write the number of months and days. Where the number of days is more than one day, write the number of days. Where the number of hours is more than one hour, write the number of hours and minutes. Where the number of minutes is more than one minute, write the number of minutes. Where the number of seconds is more than one second, write the number of seconds. Where the number of years is more than one year, write the number of years and months. Where the number of months is more than one month, write the number of months and days. Where the number of days is more than one day, write the number of days. Where the number of hours is more than one hour, write the number of hours and minutes. Where the number of minutes is more than one minute, write the number of minutes. Where the number of seconds is more than one second, write the number of seconds.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96141

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96141

CERTIFICATE OF DEATH.

12

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 N Spring ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Pay

(Residence in Baltimore: No. 1823 N Spring St St.; ..... yrs., ... mos. 10 hours ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 6 (Month) 26 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 10 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore,

PARENTS.

10-NAME OF FATHER, Thomas Pay

11-BIRTHPLACE OF FATHER (State or Country), Chester Co. Pa.

12-MAIDEN NAME OF MOTHER Maggie B. Hunter

13-BIRTHPLACE OF MOTHER (State or Country), Alexandria, Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Pay

(Address) 823 N Spring St

15- Filed JUN 27 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1916, to June 26 1916, that I saw him alive on June 26 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

General Debility
at birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Malnutrition 12 hours

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. H. Landrum M. D.

June 27, 1916. (Address) 1419 E Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, June 28 1916.

20-UNDERTAKER H C Gross

ADDRESS 1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

C96142

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96142

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1224 Ensor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew O'Brien

(Residence in Baltimore: No. 1224 Ensor St. St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 17, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 3 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Store

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Daniel O'Brien

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Margaret Callahan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary A. O'Brien

(Address) 1224 Ensor St.

15- Filed JUN 27 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 1916, to June 25 1916, that I saw h.. alive on June 24 1916, and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asthma

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Bernard Wise M. D.

6-27-16 191... (Address) 914 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, June 28 1916

20-UNDERTAKER J. C. Mudgett ADDRESS 314 Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96143

HEALTH DEPARTMENT—CITY OF BALTIMORE

13

CERTIFICATE OF DEATH.

28

C96143

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1125 Madison Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Almond Ashby

(Residence in Baltimore: No. 1125 Madison Ave St.; ....yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	married

6-DATE OF BIRTH, Nov 18th 1848 (Month), ... (Day), 1 (Year)

7-AGE, 67 yrs. 7 mos. 8 days. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dr. Gen. Practitioner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Front Royal Warren Co. Va

PARENTS.

10-NAME OF FATHER, Thomas Newton Ashby

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elizabeth Almond

13-BIRTHPLACE OF MOTHER (State or Country), Luray Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma Gansman

(Address) 1125 Madison ave

15- JUN 27 1916 ROBERT J. KRAUTER,

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 26 1916, that I saw him alive on June 25 1916, and that death occurred, on the date stated above, at 6 30a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

many years.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs. 4 mos. ....ds.

(Signed) H. Carroll Packard M. D.

June 27 1916 (Address) 4 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Front Royal Va	6-29 1916
20-UNDERTAKER Henry W. Jenkins & Sons Co	ADDRESS Orchard & McCulloh

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96144 × 28 C96144

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Hall

(Residence in Baltimore: No. Ellicott City Md St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1893 (Year)

7-AGE, 23 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Jerry Hall

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha Sims

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dressed

(Address) Ellicott City

15- FILED JUN 27 1916. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 b 191 b, to June 25th 191 b, that I saw him alive on June 24th 191 b, and that death occurred, on the date stated above, at 4 45 a.m.

The CAUSE OF DEATH* was as follows:

..... Pyopneumothorax,

..... Pulmonary Tuberculosis.

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Toxemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm E Gamble M. D.

June 27 1916. (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Ellicott City

Former or usual residence " "

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND JUN 27 1916

Commissioner Health.

FOR ANATOMICAL PURPOSES.

Spec.—S-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96145 C96145

CERTIFICATE OF DEATH.

X100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Smith

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female White

4-COLOR OR RACE, White

5-SINGLE, (MARRIED, WIDOWED, or DIVORCED) (Write the word.) Single

6-DATE OF BIRTH, Not known (Month), 1 (Day), ... (Year)

7-AGE, 28 yrs. 11 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- FILED JUN 27 1916, 191..... ROBERT . KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 191 6, to June 23 191 6, that I saw her alive on June 23 191 6, and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward H. Smith M. D.

June 23 191 6 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Philada. Pa

Former or usual residence Philada. Pa.

19-PLACE OF BURIAL OR REMOVAL, ... DATE OF BURIAL, JUN 27 1916, 191...

20-UNDERTAKER ..... ADDRESS .....

UNIVERSITY OF MARYLAND.

Commissioner Health.

WM. R. WOODALL.

FOR ANATOMICAL PURPOSES.

John Moran.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96146 C96146

CERTIFICATE OF DEATH.

13 1-PLACE OF DEATH

CITY OF BALTIMORE (No. 11 Joseph Hospital St.; 2 Ward)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Moran,

(Residence in Baltimore: No. 807 S Broadway St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Unknown

6-DATE OF BIRTH, ... Nov (Month) ..... 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
About 45 yrs	....hrs. or....min.?
....yrs....mos....ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none!.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland,

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- JUN 27 1916 Filed....., 191.... HORACE J. KRAUTER, Special Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) ..... 20 (Day)..., 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease,

..... (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs....mos....ds.

(Signed) J. R. Smedley (Coroner.) M. D.

....., 191... (Address) 4 E Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	JUN 27 1916, 19....
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96147 C96147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 N Central Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Hanen Williamson

(Residence in Baltimore: No. 1224 N Central Ave St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 12, 191X (Month) (Day) (Year)

7-AGE, 2 yrs. 5 mon. 14 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Joe L Williamson

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Sidonia Snyder

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joe L Williamson

(Address) 1224 N Central Ave

15- JUN 27 1916 ROBERT J. KRAUTHER, Registrar.
Filed ....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14 1916, to June 26 1916, that I saw h[er] alive on June 26 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

..... (Duration) ..... yrs. ..... mos. 11 ds.

(Signed) Benno Wyss M. D.

June 26, 1916 (Address) 614 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, June 28, 1916

20-UNDERTAKER Robt J Turner ADDRESS 1424 Eutaw Place

Spec.—8-24-14—M. & T.—2000 Bks.

C96148 HEALTH DEPARTMENT—CITY OF BALTIMORE C96148

B 94

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 E Lanvale St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mathilda E Kreeger

(Residence in Baltimore: No. 1619 E Lanvale St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Oct 11, 1831. (Month) (Day) (Year)

7-AGE, 84 yrs. 8 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mykenstn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mykenstn

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathilda Kreeger

(Address) 1619 E Lanvale St

15- JUN 27 1916 ROBERT J. KRAUTER Burial Permit Clerk
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1916. (Month) 26 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to June 26 1916, that I saw h[illegible] alive on June 26 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

.....
.....
Old Age
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia
..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) F Schwarz M. D.
June 27, 1916. (Address) 1560 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't. DATE OF BURIAL, June 29 1916.

20-UNDERTAKER Robt J Turner ADDRESS 1442 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C96149 C96149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B x 92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Dubrovsky

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 6, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Sam Dubrovsky

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary L. ?

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed JUN 27 1916 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1916, to June 27 1916, that I saw h.m alive on June 27 1916, and that death occurred, on the date stated above, at 8 40 a m.

The CAUSE OF DEATH* was as follows:

Empyema
Lobar Pneumonia
(Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Operation
(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Gilbert W. Fitzhugh M. D.

June 27 191... (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Hagerstown Md

Former or usual residence 3719 Eastern Place

19-PLACE OF BURIAL OR REMOVAL, St Patrick Cem

DATE OF BURIAL, June 29, 1916.

20-UNDERTAKER J Hervig's Co

ADDRESS 2008 Aliceanna

Salvatore Catania

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96150 C96150

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital St.) WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvatore Catania

(Residence in Baltimore: No. Mooresby Guiseppi Dale St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) S

6-DATE OF BIRTH, Sept 29, 1902
(Month) (Day) (Year)

7-AGE, 13 yrs. 8 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mess Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Salvatore Catania

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Maria Matteri

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gaetano Cofuto

(Address) Mooresby Guiseppe Dale

15- Filed June 27/16 191 ROBERT J. BRAUER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism Fall from boat mast

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Mooresby Guiseppe Dale

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery

DATE OF BURIAL, June 28, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

important. See instructions on back of certificate.

HEALTH DEPARTMENT, CITY OF BALTIMORE

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96151 C96151

B 170

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 528 Orchard ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann H Roberts

(Residence in Baltimore: No. 528 Orchard St. — St.: Fife yrs. ..... mos. ..... ds.)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Blk

5-~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Feb. (Month) 3 (Day) 1 (Year)

7-AGE: 55 yrs. ..... mos. ..... ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Co Md

PARENTS

10-NAME OF FATHER: Simon Smith

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Ellen H Sullivan

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno Dalton

(Address) 528 Orchard St

15-

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 23, 1916, to June 26 1916, that I saw her alive on June 25, 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) — yrs. 3 mos. 3 ds

Contributory (SECONDARY) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R B Kemp M. D.

June 26, 1916 (Address) 422 N Green

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: June 28, 1916

20-UNDERTAKER: F Hy Smith — ADDRESS 716 N Canals

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96152 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 C96152

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C

CITY OF BALTIMORE: (No. 1514 Division ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Alice Brown Ottenheimer

(Residence in Baltimore: No. 2028 Linden Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, July (Month) 13 (Day), 1870 (Year)

7-AGE, 46 yrs. 11 mos. 14 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): X

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Adolph Brown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rachel Westheimer

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Rosenau

(Address) .....

15- Filed JUN 27 1916, 191... ROBERT . KRAUTHE Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1916, to June 27 1916, that I saw her alive on June 27 1916, and that death occurred, on the date stated above, at 11 05 A m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart following Bronchial pneumonia

Goitre (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exophthalmic goitre (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) Burton Schaffer M. D.

....., 191... (Address) Union Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2028 Linden Ave

Former or usual residence 2028 Linden Ave

19-PLACE OF BURIAL, OR REMOVAL, Balto Hebrew — DATE OF BURIAL, June 29, 1916

20-UNDERTAKER Harris Sondheim — ADDRESS Washington

B.

C96453 C96453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 184

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelm H. W. Reed Jr

(Residence in Baltimore: No. Hebrew Hospital St.; yrs., mos., ds.) Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 1, 1879
(Month) (Day) (Year)

7-AGE, 36 yrs. 6 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Student in
(b) General nature of industry, business, or establishment in which employed (or employer) Dog Kennel

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Wm H. W. Reed,

11-BIRTHPLACE OF FATHER (State or Country) Balt

12-MAIDEN NAME OF MOTHER Ebbie Seymour

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Reed

(Address) Texas

15- JUN 27 1916 Filed, 191..

ROBERT KRAUTH Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Drunken fight

Fracture of Skull (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Some blunt instrument

(Duration) yrs. mos. ds.

(Signed) J. H. Lester M. D.
(Coroner.)

191... (Address) 11 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 36 yrs. 6 mos. 24 ds.

Where was disease contracted, if not at place of death? Texas

Former or usual residence Texas

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 28th 1916

20-UNDERTAKER Chas. P. Evans & Son ADDRESS 118 W. Mt. Royal Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96154 C96154

CERTIFICATE OF DEATH.

15 - 126

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert K Robins

(Residence in Baltimore: No. 2204 Roslyn Ave St.; 82 yrs., 7 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH. November (Month) 4 (Day), 1833 (Year)

7-AGE. 82 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired business man
(b) General nature of industry, business, or establishment in which employed (or employer): Commission Merchant

9-BIRTHPLACE. (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER. James Robins

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER. DO NOT KNOW

13-BIRTHPLACE OF MOTHER (State or Country). Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles A. Robins

(Address) 2204 Roslyn Ave

15- JUN 28 1916 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 28 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1916, to June 28 1916, that I saw him alive on June 28 1916, and that death occurred, on the date stated above, at 5.30 m.

The CAUSE OF DEATH* was as follows:

Urinary Retention and Shock

(Duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (Secondary) Chronic Prostatitis

(Duration) ....yrs. Don't know mos. ....ds.

(Signed) E Mullen M. D.

6/28, 1916. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 20 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2204 Roslyn ave

19-PLACE OF BURIAL OR REMOVAL. Greenmount — DATE OF BURIAL. June 30, 1916.

20-UNDERTAKER G. F. Walker — ADDRESS 723 W Fay

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96155 C96155

CERTIFICATE OF DEATH.

71

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3135 Strickland ST.; 20 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis E. Carroll

(Residence in Baltimore: No. 3135 Strickland St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 25 (Day), 1912 (Year)

7-AGE, ...yrs. ....mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Louis Carroll

11-BIRTHPLACE OF FATHER (State or Country), Howard Co

12-MAIDEN NAME OF MOTHER Elizabeth Blocker

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Louis Carroll

(Address) 3135 Strickland

15- Filed JUN 28 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1916, to June 27 1916, that I saw him alive on June 27 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Dr Jaundice Cancerous

(Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard W Jones M. D.

June 27, 1916. (Address) 722 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery | DATE OF BURIAL, June 27, 1916.

20-UNDERTAKER Geo. A. Gerber | ADDRESS Balto Hayes 52

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96156 C96156 30

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 Keyser ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert Ford.

(Residence in Baltimore: No. 2024 Keyser St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 9 (Day), 1914 (Year)

7-AGE, 2 yrs. 5 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Algen Ford

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Jeanette Magruder

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jeanette Magruder

(Address) 2024 Keyser St.

15 JUN 28 1916 HARRY C. ARTIS

Filed 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 1916, to June 24 1916, that I saw h— alive on June 24 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningetis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) Charles W. White M. D.

June 28., 1916. (Address) 11 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, June 27., 191.6

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Orleans st

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96157

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96157

CERTIFICATE OF DEATH.

152

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 E. Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Willis

(Residence in Baltimore: No. 604 E. Eager St.; ....yrs., ...mos. 5 Minutes ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 28 (Day), 1916 (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, ...hrs. or 5 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Edward J. Willis

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Friedel.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Edward J. Willis

(Address) 604 E. Eager St.

15-

Filed JUN 28 1916 19.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1916, to June 28 1916, that I saw h[illegible] alive on June 28 1916, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Broad fixtures

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Richard Ross M. D.

6/28, 191.. (Address) 914 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cemetery — DATE OF BURIAL, June 29 1916.

20-UNDERTAKER Kenny Kerrick & Son — ADDRESS 1301 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 96158 C 96158

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 N Bond ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myra G. Day

(Residence in Baltimore: No. 836 N Bond St.; ....yrs., ...mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Infant

6-DATE OF BIRTH, June (Month) 16 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harold Day

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Helen Sima

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harold Day

(Address) 927 N Fulton Ave

15- JUN 28 19 16 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 1916, to June 27 1916, that I saw h[illegible] alive on June 27 1916, and that death occurred, on the date stated above, at 12.45 A m.

The CAUSE OF DEATH* was as follows:

Status Lymphaticus (presumptive)

(Duration) ....yrs. ....mos. 1/4 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) Emil Novak M. D.

June 27 1916 (Address) 26 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill — DATE OF BURIAL, June 28, 1916.

20-UNDERTAKER Frank Graham Sons — ADDRESS 1919 Eutaw

1c

Spec.—5-19-13—M. & T.—500 Bks.

B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

C96159

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 W Franklin ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Trotsky

(Residence in Baltimore: No. 1700 W Franklin St.; ..... yrs.. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 23 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Harry Trotsky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Trotsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E. Baltimore St

15- Filed JUN 28 1916, 191.... HARRY C ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to June 25 1916, that I saw h... alive on June 25 1916, and that death occurred, on the date stated above, at 7 PM. The CAUSE OF DEATH* was as follows:

Cerebral Compression

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital Defect

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

6-28, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mount Carmel Cem.	6/28, 1916.
20-UNDERTAKER Jack Lewis	ADDRESS 1411 E. Balto

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

B 96160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30

C96160

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3638 Beech av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith M. Green

(Residence in Baltimore: No. 3638 Beech av St.: 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar 16, 1867 (Month) (Day) (Year)

7-AGE, 49 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm H Matthews

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Bettie Allison

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saml L Green

(Address) 3638 Beech av

15-Filed JUN 28 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1916, to June 26 1916, that I saw h-- alive on June 26 1916, and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. M. Sidenstricker M. D.

June 27, 1916 (Address) 3843 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Haverland. Md. DATE OF BURIAL. June 29th 1916

20-UNDERTAKER E & B Earle ADDRESS 115 E Lexington St

Spec.—8-24-14—M. & T.—2000 Bks.

C96161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C96161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos. ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Glatthaar

(Residence in Baltimore: No. 2133 Mc Henry St. 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Married

6-DATE OF BIRTH, May 25th (Month) (Day), 1840 (Year)

7-AGE, 70 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Bristol Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Withers Hair Factory

9-BIRTHPLACE, (State or Country), Hassen Dampstadt, Germany

PARENTS.

10-NAME OF FATHER, Daniel Glatthaar

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christian F. Glatthaar

(Address) 2133 Mc Henry St

15- Filed JUN 28 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1916, to June 26 1916, that I saw h[illegible] alive on June 26 1916, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH,* was as follows:

Intestinal obstruction from bonds of adhesions (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Empyema of Short Duration (Duration) yrs. mos. ds.

(Signed) H. O. Mears M. D.

June 26, 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 58 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 2133 Mc Henry St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetary DATE OF BURIAL, June 28 1916.

20-UNDERTAKER Charles F Wagner ADDRESS 217 N. Fulton Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96162

CERTIFICATE OF DEATH.

79 C96162

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Horsley ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Beach

(Residence in Baltimore: No. 420 Horsley st St.; ~ yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer). Home Work & Home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Birdie Beach

(Address) 420 Horsley st

15- JUN 28 1916 Filed ..... 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 1916, to June 24 1916, that I saw h alive on June 24 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY. (Secondary) Bright's Disease

(Duration) yrs. 3 mos. ds.

(Signed) W. H. Peard M. D.

June 25, 1916. (Address) 2105 Chestnut

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, June 28, 1916

20-UNDERTAKER Wm R A Elliott

ADDRESS 506 East 25

B C96163

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96163

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1710 Druid Hill Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Hill. (Hill)

(Residence in Baltimore: No. 1710 Druid Hill Ave St.; ...yrs., —mos. —ds.)

Home,

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Apl ? ....., 1870
(Month) (Day) (Year)

7-AGE, 44 yrs. 2 mos. ..... ds. Not Known

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), /

12-MAIDEN NAME OF MOTHER Anna Burke.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marion Ringold

(Address) 1710 Druid Hill Ave

15- JUN 28 1916, 191..... HARRY C. ... Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 27 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Apoplexy of Brain

Hr Hrs.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Not Known

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. McShain M. D.
(Coroner)

June 27, 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds. None

Where was disease contracted, if not at place of death? .....None.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Chesterfield Cemetery Anne Arundel Co. Md

DATE OF BURIAL, June 29th, 1916

20-UNDERTAKER George H. Holland

ADDRESS 517 Robert St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96164 C96164

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2168 Green St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Richmas

(Residence in Baltimore: No. 2168 Green St.; 5 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1888 (Year)

7-AGE, 28 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Richmas

(Address) 2161 Green

15- Filed JUN 28 1916 (191.) HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 26 1916, that I saw her alive on June 26 1916, and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harley A Orr M. D.

6-29, 191.. (Address) Fernwood Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 29, 1916.

20-UNDERTAKER John Grebliunas — ADDRESS 600 S Paca St.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96165 — C96165

CERTIFICATE OF DEATH.

170 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Patapsco ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth le Roak

(Residence in Baltimore: No. 1405 Patapsco St.; 58 yrs., 7 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov 5, 1858. (Month) (Day) (Year)

7-AGE 57 yrs. 7 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment, in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Dalla City

PARENTS.

10-NAME OF FATHER, Franklin W Foster

11-BIRTHPLACE OF FATHER (State or Country), Elkton Md

12-MAIDEN NAME OF MOTHER Sarah Davis

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Porter

(Address) 1405 Patapsco Street

15-

FILED JUN 28 1916. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/5 1916, to 6/27 1916, that I saw h er alive on 6/27 1916, and that death occurred, on the date stated above, at 1:25 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 6 mos. ds.

(Signed) L. L. Purlington M. D.

6/27, 1916. (Address) 104 E Fortan

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemtry

DATE OF BURIAL, 6/29th 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

B C96166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C96166

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N. Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mose Wilkerson

(Residence in Baltimore: No. 424 N. Gilmor St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, Widowed OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Sept. (Month) 6 (Day), 1837 (Year)

7-AGE, 78 yrs. 9 mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Hotel

9-BIRTHPLACE, (State or Country), Warsaw, Richmond Co. Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Alice Fellmer

(Address)..... 424 N. Gilmor St.

15-JUN 28 1916

Filed....., 191..... HARRY C. ANDREWS Clerk

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22- 1916, to June 25- 1916, that I saw him alive on June 25- 1916, and that death occurred, on the date stated above, at 10-30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration)..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

..... (Duration)..... yrs. ..... mos. ..... ds.

(Signed) Chas. E. McCarthy M. D.

June 26 1916 (Address) 2067 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Cemetery

DATE OF BURIAL, June 28 1916

20-UNDERTAKER John F. Owens

ADDRESS 1222 Druid St

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96167

CERTIFICATE OF DEATH

74

C96167

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 2830 N. Laudgale ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine Gempp

(Residence in Baltimore: No. 2830 N Laudale St.: 63 yrs. 6 mos. 14 ds.)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Dec 13 (Month) (Day), 1853 (Year)

7 AGE: 63 yrs. 6 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Anna B. Wenzel

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine Smith

(Address) 2830 N. Laudale

15 HENRY F. BYRNES

JUN 28 1916 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 27 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1916, to June 27 1916, that I saw h[illegible] alive on June 26, 1916, and that death occurred, on the date stated above, at 1.[illegible] m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Trouble

(Duration) yrs. 5 mos. ~ ds

Contributory (SECONDARY) General Asthenia

(Duration) ~ yrs. ~ mos. ~ ds.

(Signed) Geo. W. Barkman M. D.

June 28, 1916 (Address) 1117 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenlawn Cemetery — DATE OF BURIAL: June 30 1916

20 UNDERTAKER: Wm. Cook — ADDRESS: 507 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

B C96168

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96168

CERTIFICATE OF DEATH.

152

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N Luzerne ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Crimi

(Residence in Baltimore: No. 918 N Luzerne St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 28, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. ..... ds.	5 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Paul Crimi

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Sophia Magri

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul Crimi

(Address) 918 N Luzerne

15- Filed JUN 28 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1916, to June 28 1916, that I saw him alive on June 28 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs. ..... mos. 5 hours ds.

CONTRIBUTORY (Secondary) Cyanosis

(Duration) ..... yrs. ..... mos. 5 hours ds.

(Signed) Adolph C. Eisenberg M. D.

June 28, 1916 (Address) 2701-03 Orleans St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Patricks Cem

DATE OF BURIAL, June 28 1916

20-UNDERTAKER John Herring & C

ADDRESS 2008 Orleans

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96169 42 (96169

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 616 Cider alley ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Boyer.

(Residence in Baltimore: No. 616 Cider alley. St.: yrs., 33 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored.

5-SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec (Month) 23 (Day), 1883 (Year)

7-AGE, 33 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Louis Boyer.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Walker

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Boyer

(Address) 616 Cider alley

15 JUN 28 1916 Filed....., 191.... ROBERT , KRAUTER Registrar

BURIAL PERMIT

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Unknown

Duration.....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Convulsions

Duration.....yrs.....mos.....ds.

(Signed) [illegible] M. D. (Coroner)

June 25 191 6 (Address) 710 Light St W

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion DATE OF BURIAL, June 28 1916

20-UNDERTAKER John Heavran ADDRESS, 901 Hollins St

TH S 26

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C96170 HEALTH DEPARTMENT—CITY OF BALTIMORE C96170

CERTIFICATE OF DEATH.

13 4 81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 W Lexington ST.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Lucky.

(Residence in Baltimore: No. 746 W. Lexington St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	widowed

6-DATE OF BIRTH, March 17, 1831 (Month) (Day) (Year)

7-AGE, 85 yrs. 3 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor.
(b) General nature of industry, business, or establishment in which employed (or employer): Tailor.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs August Voigt.

(Address) 746 W. Lexington

15- Filed JUN 28 1916, 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1914, to June 27 1916, that I saw him alive on June 26 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. mos. ds.

(Signed) J. C. W. Kemmler M. D.

June 27, 1916. (Address) 800 Harlem Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery | DATE OF BURIAL, June 29, 1916

20-UNDERTAKER Mrs. A Rohde & Son | ADDRESS 730 Pennsa Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96171

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96171

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 151 N. High. St.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Landesman

(Residence in Baltimore: No. 151 N. High St. St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unkown (Month) (Day), 1857 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unkown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Louis

(Address) 1411 Eastern Ave

15- JUN 28 1916 ROBERT KRAUTER, Filed 191 Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to June 28 1916, that I saw her alive on June 27 1916, and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

June 28, 1916 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Herron Run Phila Road

DATE OF BURIAL, 6/29, 191 6

20-UNDERTAKER Joe Louis

ADDRESS Ebd

C96172 C96172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 1710

CITY OF BALTIMORE (No. Pronounced dead at University Hospital St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Fletcher

(Residence in Baltimore: No. Non Resident St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Black	Single.

6-DATE OF BIRTH, August 2, 1895
(Month) (Day) (Year)

7-AGE, 20 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Joseph F Fletcher

11-BIRTHPLACE OF FATHER (State or Country), Prince Geo Co Md,

12-MAIDEN NAME OF MOTHER Rose Henry

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph F Fletcher

(Address) Prince Georges Co Md

15- JUN 28 1916 Filed ROBERT KRAUSER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: General Septicemia following Gunshot wound in Chest and Axilla (accident)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L Foscue M. D.
(Coroner.)

June 28, 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Baltimore Md.

19-PLACE OF BURIAL OR REMOVAL, Govans Md — DATE OF BURIAL, June 29 1916

20-UNDERTAKER, Chas E Branch — ADDRESS 802 Madison

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96173 C96173

CERTIFICATE OF DEATH.

4 × 76

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W. Crouch Jr.

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 14 (Day) 1906 (Year)

7-AGE, 10 yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Chestertown Md

PARENTS.

10-NAME OF FATHER, James W.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Linda Watkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital Records

(Address) Balto Md

15- Filed JUN 28 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to June 28 1916, that I saw h[illegible] alive on June 28 1916, and that death occurred, on the date stated above, at 7.50 p m.

The CAUSE OF DEATH* was as follows:

Streptococcus meningitis

(Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Otitis media

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Edward P. Smith M. D.

6/28, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State 10 yr. mos. ds.

Where was disease contracted, if not at place of death? Chestertown Md

Former or usual residence Chestertown Md

19-PLACE OF BURIAL OR REMOVAL, Chestertown Md — DATE OF BURIAL, June 29, 1916

20-UNDERTAKER Stewart Mowen Co — ADDRESS 1016 W North Ave

C96174 x 166 C96174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Thompson (Thompson)

(Residence in Baltimore: No. Mercy Hospital St.: yr. ~~—~~ ~~mos.~~ 14 ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ——— Unknown 1 .....
(Month) (Day) (Year)

7-AGE, 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Canton Elevator

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER. George W. Thompson

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Sarah J. Kaufman

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Aires

(Address) 3710 Foster Ave

15- JUN 29 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

George Burns 3 d degree
Burns since June 13 —
Pneumonia yrs. mos. ds.

CONTRIBUTORY (Secondary) Burns Canton Steam Elevator

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. S. Pate M. D.
(Coroner.)

June 28 1916 (Address) 1657 Bandman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 14 ds. In the State 30 yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Canton Elevator

Former or usual residence 3710 Foster Ave Balto Md

19-PLACE OF BURIAL OR REMOVAL, Carlisle Pa. DATE OF BURIAL June 29, 1916

20-UNDERTAKER Lilly & Geiler ADDRESS 403 S. Wolfe St.

(over)

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96475 C96475

CERTIFICATE OF DEATH.

REGISTERED No. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Montford Ave WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Staab

(Residence in Baltimore: No. 108 N. Montford Ave St.; yrs., 10 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 22 nd, 1915. (Month) (Day) (Year)

7-AGE, yrs. 10 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Staab.

11-BIRTHPLACE OF FATHER (State or Country), Richmond Va.

12-MAIDEN NAME OF MOTHER Margt. G. Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Staab

(Address) 108 N. Montford Ave

15- Filed JUN 29 1916, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8-30 PM June 27 191, to 6-15 June 28 1916, that I saw him alive on June 27-1916 1916, and that death occurred, on the date stated above, at 6 15 a. m.

The CAUSE OF DEATH* was as follows:

Entero-Colitus, Etc.

(Duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. W. Cathell M. D.

June 28., 191.6 (Address) 1636 Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, June 29th, 1916.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96476 C96476

CERTIFICATE OF DEATH.

81

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1824 N Durham ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fisher

(Residence in Baltimore: No.) 1824 N Durham st St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 12 (Month) (Day), 1847 (Year)

7-AGE, 68 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Boiler
(b) General nature of industry, business, or establishment in which employed (or employer). Maker P.R.R.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Fisher

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Fisher

(Address) 1824 N. Durham St.

15- JUN 29 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 - 1916, to June 26 - 1916, that I saw h.... alive on June 1 - 1916, and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senile Dementia

(Duration) 1/2 yrs. mos. ds.

(Signed) Elmer G. Hall M. D.

June 28, 1916. (Address) 617 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, June 27, 1916

20-UNDERTAKER George J. Roth

ADDRESS 1735 Harford Ave.

B C96177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C96177

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 621 N. Germain ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Irvin Reed Goodman

(Residence in Baltimore: No. 621 N. German St.; yrs. mos. 4½ ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: June (Month) 23 (Day), 1916 (Year)

7 AGE: yrs. mos. 4 ds. If LESS than 1 day, 12 hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md. (City)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Alice Anna Seymour

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice A. Seymour

(Address) 621 N. German

15. JUN 29 1916, 191 — HARRY C. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 28 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1916 to June 28, 1916 that I saw h[illegible] alive on June 28, 1916 and that death occurred on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY): Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) Henry A. Weinberger M. D.

June 28, 1916 (Address) 722 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: June 29, 1916

20 UNDERTAKER: Philip Herwig — ADDRESS: 2016 Aliceanna

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96178

CERTIFICATE OF DEATH.

104

REGISTERED NO. C 96178

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Fleet. ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teodor. Chudy.

(Residence in Baltimore: No. 1723 Fleet. St.; yrs. 3 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single.

6-DATE OF BIRTH, Mar. 21, 1916 (Month) (Day) (Year)

7-AGE, yrs. 3 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). Infant.

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Antoni Chudy.

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Frances. Szymslow

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton Chudy.

(Address) 1723 Canton Ave.

15- JUN 29 1916

Filed....., 191.... MARY C. ANDREWS (Clerk)

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jun 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jun 26 1916, to Jun 28 1916, that I saw h— alive on Jun 28 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wheelan M. D.

Jun 29, 1916. (Address) 65 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Jun 30 1916

20-UNDERTAKER William Fiallowski ADDRESS 1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135

1-PLACE OF DEATH

REGISTERED NO. C96179

CITY OF BALTIMORE: (No. Md General Hospt. St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucetta Prankard Lucetta Franker

(Residence in Baltimore: No. 1609 Moreland Ave St.; — yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 4, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 9 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Adam Nardt

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Catherine Grossman

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene B. Prankard

(Address) 1609 Moreland Ave

15-

Filed JUN 29 1916 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13 1916, to June 27 1916, that I saw h[illegible] alive on June 27 1916, and that death occurred, on the date stated above, at 3:30 P.m.

The CAUSE OF DEATH* was as follows:

Placenta Previa + Post Partum Hemorrhage

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward Mancuso M. D.

June 27, 1916 (Address) 1414 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1609 Moreland Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, June 28 1916

20-UNDERTAKER W. J. Dickson & Son

ADDRESS North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C96180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

1-PLACE OF DEATH

REGISTERED NO. C96180

CITY OF BALTIMORE: (No. Union Protestant Infirmary St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96180 C96180

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 172

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Mary Cline

(Residence in Baltimore: No. Union Protestant Infirmary St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, February 17, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Mr Anthony Cline

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Eliza Cooper

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Halstead

(Address) Emmitsburg Md

15- JAN 29 1916

Filed, ... 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1916, to June 28 1916, that I saw her alive on June 28 1916, and that death occurred, on the date stated above, at 7.25 P m.

The CAUSE OF DEATH* was as follows:

Acute heard failure during bronchial pneumonia
Bronchial pneumonia lasting about 10 days (Duration) ....yrs.....mos.....ds.
Accident Lacerated scalp
CONTRIBUTORY (Secondary) Fall down stairway (Duration) ....yrs.....mos. 14 ds.

(Signed) Lee C. Beam M. D.
June 28, 1916 (Address) U. P. I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State 76 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Littlestown Hanglets

Former or usual residence Littlestown Hanglets

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, June 30, 1916

20-UNDERTAKER H. Walker Sons ADDRESS Monterey

over

Spec.—8-24-14—M. & T.—2000 Bks.

C96181 C96181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 † 33

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Louis Schmidt

(Residence in Baltimore: No. Hahnemann General Hospital St.; ..... yrs., ... mos. 37 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Dec. (Month) 16 (Day), 1848 (Year)

7-AGE, 67 yrs. 6 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mason
(b) General nature of industry, business, or establishment in which employed (or employer): Bricklayer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edmund G. Schmidt

(Address) 1009 Light St.

15- FILED JUN 29 1916 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 29 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23, 1916, to June 29 1916, that I saw him alive on 6/28/ 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia,

Final attendance

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis of Acetabulum (Duration) 9 yrs. ..... mos. ..... ds.

(Signed) Geo. W. Wilhelm M. D.

6/29/, 191.6 (Address) 2020 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 37 ds. In the State 35 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence Balto Co (German Line)

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, July 2, 1916.

20-UNDERTAKER Armstrong Denny Co — ADDRESS 715 Light St

B 93182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

93182

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead at University Hospital St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie, Albeit

(Residence in Baltimore: No. 1128 Scott St. St.: 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 4 (Day), 1886 (Year)

7-AGE, 30 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Adam Albeit,

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Dont know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Albeit

(Address) 1128 Scott St.

15- JUN 29 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to net death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suffocation, due to Extensive burns caused by an oil lamp exploding, setting fire clothing after, (Accident)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Albert A. Driscoll M. D. (Coroner.)

June 28, 1916. (Address) 312 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1128 Scott St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	June 29, 1916
20-UNDERTAKER	ADDRESS
Geo. Leimbach & Son	640 W. Baltimore

important. See instructions on back of certificate.

C96183

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96183

CERTIFICATE OF DEATH

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 743 Little George St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Smith

(Residence in Baltimore: No. 743 Little George St.: 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Widow

6-DATE OF BIRTH November 1858
(Month) (Day) (Year)

7-AGE 58 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Young

(Address) 741 Georgia St

JUN 29 1916 Filed ....., 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June 27, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1916, to June 27, 1916
that I saw her alive on June 27, 1916
and that death occurred, on the date stated above, at 12 M. p. m.
The CAUSE OF DEATH* was as follows:

Interstitial Nephritis
subacute.

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Interstitial Nephritis
Duration 1 yrs. mos. ds.

(Signed) Chas V Fitzgerald M. D.

6/27, 1916 (Address) 111 S Dover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Gilbert Catonsville Md

DATE OF BURIAL: June 29th, 1916

20-UNDERTAKER: Joseph A. Farrell

ADDRESS: 2319 Division St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96184 C96184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

136

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Craig

(Residence in Baltimore: No. 1603 Millmead St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 17 (Day), 1887 (Year)

7-AGE, 29 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore County Md

PARENTS.

10-NAME OF FATHER, Abraham Brown.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER ~~Lithgo~~ Mary Smith.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Henderson

(Address) 1603 Millmead St.

15-JUN 29 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-24- 1916, to 6-28 1916, that I saw her alive on 6-28 1916, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure following Internal Pedale Version & Breech Extraction. (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Charles G. Lima M. D.

6-28-16, 191... (Address) University

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1603 Millmead St

Former or usual residence 1603 Millmead St

19-PLACE OF BURIAL OR REMOVAL Loudon Park Balto Md DATE OF BURIAL June 30th 1916.

20-UNDERTAKER Geo W Bailey ADDRESS 1211 Jefferson St

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96185 104 B 96185

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2019 mc Elderry ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Meubus

(Residence in Baltimore: No. 2019 mc Elderry St.; yrs. 3 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M	W	Baby

6-DATE OF BIRTH, May 23, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 3 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Frank E Meubus

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Ida Ruby

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank E Meubus

(Address) 2019 mc Elderry

15- JUN 29 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Enteritis "

(b) Exhaustion "

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner.)

... 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, June 29 1916

20-UNDERTAKER Christian Miller

ADDRESS 2304 Jefferson

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96186 C96186

CERTIFICATE OF DEATH. 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 12 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Boby Lewis

(Residence in Baltimore: No. 1604 2. Calvert St.; 9 hrs yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 28, 1916 (Month) (Day) (Year)

7-AGE yrs. mos. ds.

If LESS than 1 day, 9 hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Lewis

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Eugenia Martin

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): William J. Lewis

(Address) 1604 N. Calvert St.

15- JUN 29 1916, 191 HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1916, to June 28 1916, that I saw h[illegible] alive on June 28 1916, and that death occurred, on the date stated above, at 11.50 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

No autopsy (Duration) yrs. 7 mos. ds.

CONTRIBUTORY Congenital T. B.
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward B. Smith M. D.

June 29, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 hrs ds. In the State yrs. mos. 9 hrs ds.

Where was disease contracted, if not at place of death? 1604 2. Calvert St

Former or usual residence 1604 2 Calvert St

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, June 29, 1916.

20-UNDERTAKER Henry W. Means

ADDRESS 1800 N. Calvert St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96187 C96187

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 850 Reinhart St.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Towson

(Residence in Baltimore: No. 850 Reinhart St.; ....yrs., 2 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, March 29, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 29 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Jas Towson

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Mary Bunyon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Towson

(Address) 850 Reinhart St

15-

Filed JUN 29 1916, 191... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1916, to June 28 1916, that I saw h— alive on June 28 1916, and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elizabeth Mackie M. D.

June 29, 191.. (Address) 1127 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	June 30, 191..
20-UNDERTAKER	ADDRESS
Lahey & Fields	1220 W. Saratoga St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96188 C96188

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Cushing

(Residence in Baltimore: No. 3721 Gough St. 33 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Apr. (Month) 23 (Day) 1883. (Year)

7-AGE, 33 yrs. 2 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Brush Maker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert Gracey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam'l J. Cushing

(Address) 3614 Eastern Ave.

15- Filed JUN 29 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 1916, to June 26 1916, that I saw h[illegible] alive on June 26 1916, and that death occurred, on the date stated above, at 8.15 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 2 yrs. [illegible] mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) yrs. mos. 5 ds.

(Signed) Edw. L. P. Smith M. D.

June 27 191 6 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 26 yrs. [illegible] mos. ds.

Where was disease contracted, if not at place of death? 3721 Gough St.

Former or usual residence 3721 Gough St.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, June 29 1916

20-UNDERTAKER Wendell Lippel & Son

ADDRESS 330 S. Bond

2

Spec.—8-24-14—M. & T.—2000 Bks.

C96189

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96189

CERTIFICATE OF DEATH.

REGISTERED NO. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Walker

(Residence in Baltimore: No. 630 Forrest St St.; 60 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct (Month) 17 (Day), 1848 (Year)

7-AGE, 67 yrs. 8 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Slenographer
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Harford Co Md

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country), Don't know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Walker

(Address) 1702 Gunsford Ave

15- Filed JUN 29 1916, 191... HARRY C. ANDREWS Bureau Records Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 1916, to June 29 1916, that I saw her alive on June 29 1916, and that death occurred, on the date stated above, at 10.15 m.

The CAUSE OF DEATH* was as follows:

Cirrhosis - Sclerosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lung trouble

(Duration) 5 yrs. mos. ds.

(Signed) Emma L. Meagher M. D.

6/29, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State 67 yrs. 8 mos. 12 ds.

Where was disease contracted, if not at place of death? 630 Forrest St

Former or usual residence 630 Forrest St

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, June 30, 191...

20-UNDERTAKER Wm Cook ADDRESS 502 North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96190 146 C96190

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millicent O'Brien

(Residence in Baltimore: No. 503 13th St.; 1 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	single

6-DATE OF BIRTH, May (Month) 19 (Day), 1907 (Year)

7-AGE,	If LESS than 1 day,
9 yrs. 1 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Newport News. Va.

PARENTS.

10-NAME OF FATHER, Timothy O'Brien.

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Dooling

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Kloss

(Address) 503 Thirteenth St. city

15- Filed JUN 29 1916 ROBERT KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/26 191..., to 6/27 191..., that I saw h.....alive on 6/27 1916, and that death occurred, on the date stated above, at 4:10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Otitis Mastoiditis

.....

.....

..... (Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) W. B. Thomas M. D.

6/27, 1916. (Address) 1 E. Eager St. city

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 3 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 503 13th St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery | DATE OF BURIAL, June 30, 1916

20-UNDERTAKER Henry Hock Son | ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96191

CERTIFICATE OF DEATH.

64

C96191

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar E. Geyer

(Residence in Baltimore: No. 2201 E Fayette St., 24 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. (Month) 4 (Day) 1871 (Year)

7-AGE, 44 yrs. 8 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Ice Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Geyer

(Address) 2201 E Fayette St

15-

Filed JUN 29 1916 191.... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1916, to June 29 1916, that I saw him alive on June 27 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Alvin B Lennon M. D.

June 29, 1916. (Address) 1821 Pattenson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, June 30, 1916

20-UNDERTAKER John Henry & Co — ADDRESS 2008 Orleans

52

Spec.—5-19-15—M. & T.—500 Bks.

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96192

CERTIFICATE OF DEATH.

120 C96192

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 139 (ST.) Rochester Place (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ulrika Schroeder

(Residence in Baltimore: No.) 139 (St.) Rochester Place

35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.): Widow

6-DATE OF BIRTH: April 16, 1848 (Month) (Day) (Year)

7-AGE: 68 yrs. 2 mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nothing
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John J. F. Fuchs

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Pauline Hirsch

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Schroeder

(Address) 139 Rochester Place

15- Filed JUN 29 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: June 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1916, to June 27 1916, that I saw h— alive on June 27 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

June 28, 1916. (Address) 835 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL, June 30, 1916

20-UNDERTAKER: J. Herwig & Co.

ADDRESS 2008 Albans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

13 C96193

CERTIFICATE OF DEATH.

48 C96193

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Mehra

(Residence in Baltimore: No. Home for Incurables St.; 6 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, not known (Month) (Day), 1866 (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), not known

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Ralph

(Address) Home for Incurables

15 JUN 29 1916 Filed, 191 ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1909, to June 29 1916, that I saw h alive on June 2 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. H. Slaton M. D.

June, 1916. (Address) 241 S. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. mos. ds. In the State 66 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel DATE OF BURIAL, June 30, 1916

20-UNDERTAKER H. Sander & Sons ADDRESS 1100 Eutaw

C96194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105

C96194

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 508 Park ave ST.: 11 WARD)

2-FULL NAME George W. Giles (Giles)

(Residence in Baltimore: No. 508 Park ave St.; yrs., None mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Mch. (not known), 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 3 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

PARENTS.

9-BIRTHPLACE, (State or Country), Md., Md

10-NAME OF FATHER, ~~H~~ Londry Giles

11-BIRTHPLACE OF FATHER (State or Country), Md., Md

12-MAIDEN NAME OF MOTHER Mollie Lowe

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..... Mother
(Address)..... 508 Park ave

15-JUN 29 1916 BERT . KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows: (Gastro-Enteritis 1 15
.....
.....
.....
(Duration).....yrs.....mos. 2 ds.
CONTRIBUTORY (Secondary) Improvidence in diet
(Duration) 6 yrs.....mos.....ds.
(Signed) H. Wellhouse M. D.
(Coroner.)
June 29 1916. (Address) 5 G. H. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?..... None
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery
DATE OF BURIAL, June 30 1916
20-UNDERTAKER Hely & Pyle
ADDRESS 102 E. Mulberry St

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 96195 — 92 96195

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 242 Calvin St. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Jones

(Residence in Baltimore: No. 242 Calvin St. 15 yrs. mos. ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June 10, 1876 (Month) (Day) (Year)

7-AGE: 40 yrs. mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Coachman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Prince Georges Co Md

PARENTS

10-NAME OF FATHER: Michael Jones

11-BIRTHPLACE OF FATHER (State or country): Prince Georges Co Md

12-MAIDEN NAME OF MOTHER: Annie Jackson

13-BIRTHPLACE OF MOTHER (State or country): Prince Georges Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Teresa Jones

(Address) 216 Biddle St

15. Filed JUN 29 1916, 191 ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 29, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1916, to June 20 1916, that I saw him alive on 1 1, 1916, and that death occurred, on the date stated above, at 2 1 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A. G. Fordon M. D.

June 29, 1916 (Address) 918 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Augustines Church

DATE OF BURIAL: July 1, 1916

20-UNDERTAKER: John J. Corcoran Co

ADDRESS: 908 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96196 28 C96196

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Maryland Penitentiary. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gains

(Residence in Baltimore: No. 2040 Keyser St.; 23 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November (Month) 14, (Day) 1892 (Year)

7-AGE, 23 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Robert Gains

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Ella Smith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Kenmore

(Address) Maryland Penitentiary

15- Filed JUN 29 1916, 191.. ROBERT , KRAUTHEIM Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March- 15 1916, to June - 27 1916, that I saw him alive on June - 26 1916, and that death occurred, on the date stated above, at 12.30 A.m.

The CAUSE OF DEATH* was as follows:

Exhaustion + Cardiac Failure (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Peritonitis (J.B.?) (Duration) yrs. 3 mos. 12 ds.

(Signed) William F. Schwark M. D.

June 27, 1916 (Address) Maryland Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 5 mos. 27 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 2040 Keyser St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, June 30, 1916.

20-UNDERTAKER Harry A Vodery ADDRESS 1525 Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

C96197

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

C96197

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3029 Frederick Av St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alda C Warfield

(Residence in Baltimore: No. 3029 Frederick Av St.; ..... yrs. 18 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 1 (Day), 1898 (Year)

7-AGE, 18 yrs. ..... mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Adenton Md

PARENTS.

10-NAME OF FATHER, John A Warfield

11-BIRTHPLACE OF FATHER (State or Country), Adenton Md

12-MAIDEN NAME OF MOTHER Ida Barnsley

13-BIRTHPLACE OF MOTHER (State or Country), Anne Arundel Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Warfield

(Address) 3029 Frederick Av

15- Filed JUN 29 1916 ROBERT , KRAUTER Burial Permit 01[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to June 28 1916, that I saw her alive on June 25 1916 and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard W Jones M. D.

June 28, 1916. (Address) Sterling Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Adenton Md

DATE OF BURIAL, June 30, 1916

20-UNDERTAKER F B Hufnagel

ADDRESS 1738 Frederick Av

Spec.—8-24-14—M. & T.—2000 Blks.

C96198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

C96198

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Ralston

(Residence in Baltimore: No. 16 Augusta Ave Irvington St.: 49 yrs., 11 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 30, 1866 (Month) (Day) (Year)

7-AGE, 49 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Bailey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Hannon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Mayer

(Address) Mercy Hospital

15- JUN 29 1916 Filed..... 191... ROBERT . KRAUTER, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to June 29 1916, that I saw her alive on June 29 1916, and that death occurred, on the date stated above, at 12.40 a m.

The CAUSE OF DEATH* was as follows:

Chr Pancreatitis

Nephritis

(Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) Urinary Infection

(Duration) 6 yrs. ...mos. ...ds.

(Signed) Edwin E. Meagher M. D.

6/29, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 19 ds. In the State 49 yrs. 11 mos. 29 ds.

Where was disease contracted, if not at place of death? 16 Augusta Ave Irv

Former or usual residence 16 Augusta Irvington

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, July 1, 1916

20-UNDERTAKER P J McFlynn

ADDRESS 1412 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

C96199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

115 C96199

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Thompson

(Residence in Baltimore: No. 1311 Webster St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6-DATE OF BIRTH, Don't Know (Month) (Day), 1866 (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Laundry

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, John Flynn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann Murray

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Connolly

(Address) 1311 Webster St

15- JUN 29 1916 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1916, to June 27 1916, that I saw her alive on June 27 1916, and that death occurred, on the date stated above, at 5.20 a. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

Do not know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Duodenal Ulcer (Duration) 2 yrs. mos. 2 ds.

(Signed) Edward P. Sweet M. D.

June 27 191 6 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 24 ds. In the State Not known yrs. mos. ds.

Where was disease contracted, if not at place of death? 1311 Webster St.

Former or usual residence 1311 Webster St

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery DATE OF BURIAL, June 30, 1916

20-UNDERTAKER H. F. McDonald Flynn ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 096200 × 39 096200

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 4

CITY OF BALTIMORE: (No. Union Prot. Infirmary ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Albert E. Fowler

(Residence in Baltimore: No. Union Prot Infirmary St.; yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Aug. (Month) 11 (Day), 1860 (Year)

7-AGE, 56 yrs. 10 mos. 19 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Michigan

PARENTS.

10-NAME OF FATHER, Joseph J. Fowler

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Michigan

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C. Lobb

(Address) Chattanooga Tenn

15- Filed JUN 30 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to June 30 1916, that I saw h— alive on June 30 1916, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Bolus Leucocytosis

(Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) Operated upon for Carcinoma of the Tongue (Duration) ....yrs. 6 mos. 18 ds. (duration of)

(Signed) Union Protestant Infirmary M. D.

June 30, 1916. (Address) Emma L. Chaffee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. 6 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Chattanooga Tenn.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Chattanooga Tenn	June 30, 1916.

20-UNDERTAKER	ADDRESS
Graham & Walker	723 W Fay

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 096201

Spec.—8-24-14—M. & T.—2000 Bks.

C96201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 170 C96201

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Ensor St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Byrne

(Residence in Baltimore: No. 1715 Ensor St. St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Day

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Henry Byrne

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Cabray

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sylvia Byrne

(Address) 1715 Ensor St.

15- Filed JUN 30 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28th 1916, to June 29th 1916, that I saw him alive on June 29th 1916, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

..... (Duration) ? yrs. ? mos. ..... ds.

CONTRIBUTORY (Secondary) Anemia

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) J. M. C. Parker M. D.

June 29, 1916. (Address) 1051 Argyle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, July 1, 1916.

20-UNDERTAKER John J. Conway & Co.

ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96202 C96202

CERTIFICATE OF DEATH.

REGISTERED NO. C 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 70 N Bruce ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Price

(Residence in Baltimore: No. 70 N Bruce St St.; 66 yrs., 8 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Oct 10, 1849 (Month) (Day) (Year)

7-AGE, 66 yrs. 8 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Nicholas Day

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah McDonough

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Winters

(Address) 70 N Bruce St

15 JUN 30 1916 Filed ....., 191.... HENRY T. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 23 1916, to June 29 1916, that I saw him alive on " " 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

from debility (Duration) yrs. 3 mos. ds.

(Signed) Wm F Baetjer M. D.

June 29 1916 (Address) 7 N Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 1, 1916

20-UNDERTAKER H F Thieland Sons — ADDRESS Norway

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96203 C96203

CERTIFICATE OF DEATH.

48

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3406 Walbrook ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin H. Classen

(Residence in Baltimore: No. 3406 Walbrook ave St.; 10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January (Month) 6 (Day), 1839 (Year)

7-AGE, 77 yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Narman Classen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas H Classen

(Address) 218 Roland ave

15-

Filed JUN 30 1916 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 2 1916, to June 28 1916, that I saw h[illegible] alive on June 27 1916, and that death occurred, on the date stated above, at 9 4 m.

The CAUSE OF DEATH* was as follows:

Rheumatic Arthritis

(Duration) 16 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Atherosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno D Blake M. D.

June 29, 1916 (Address) 1014 W Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem DATE OF BURIAL, June 30 1916

20-UNDERTAKER H. Lukens & Son ADDRESS North ave

Dr. Jno. D. Blake

13 C96204

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96204

164

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Henry ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Blagmond

(Residence in Baltimore: No. 221 W Hamburg St.: 11 yrs., — mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June 19, 1905
(Month) (Day) (Year)

7-AGE, 11 yrs. — mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimor Md

PARENTS:

10-NAME OF FATHER, Homer Blagmond

11-BIRTHPLACE OF FATHER (State or Country) Baltimor Md

12-MAIDEN NAME OF MOTHER, Rosetta Pinkney

13-BIRTHPLACE OF MOTHER (State or Country), Baltimor Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosetta Blagmond mother

(Address) 221 W Hamburg St.

15- Filed JUN 30 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) H. M. Kernhardt M. D.
(Coroner.)

June 29, 1916 (Address) 1917 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Ct

DATE OF BURIAL, June 30 1916

20-UNDERTAKER L L Brown & Son

ADDRESS 108 W Monty St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96205 28 C96205

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 West Hill ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Della Luffman

(Residence in Baltimore: No. 139 West Hill St.; 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1888 (Year)

7-AGE, 28 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Jamacia W. I.

PARENTS

10-NAME OF FATHER, W. Steede

11-BIRTHPLACE OF FATHER (State or Country), Jamacia W.I.

12-MAIDEN NAME OF MOTHER Joanna Harrison

13-BIRTHPLACE OF MOTHER (State or Country), Jamacia W. I.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Luffman

(Address) 139 W. Hill Street

15- FILED JUN 30 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1916, to June 27 1916, that I saw h[illegible] alive on June 26 1916, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

(a) G. S. Cause
(Pulmonary Tuberculosis)

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) yrs. 1 mos. ds.

(Signed) [illegible] M. D.

June 28, 1916 (Address) 712 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 30 1916

20-UNDERTAKER John H Toadvine — ADDRESS 142 W. Hill St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96206 80 C96206

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1212 W Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma L Rabosson

(Residence in Baltimore: No. 1212 W Lombard St.; 62 yrs., 4 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Feb (Month) 22 (Day), 1854 (Year)

7-AGE, 62 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Geo F Bell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary E Harrison

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas L Rabosson

(Address) 1212 W Lombard St

15- Filed JUN 30 1916 HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 30 1916, that I saw h[illegible] alive on June 25 1916, and that death occurred, on the date stated above, at 1 4 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) Leucocytosis from abscess

(Duration) ...yrs. 7 mos. ...ds.

(Signed) H E Bunnell M. D.

6 3 0, 1916 (Address) 1302 W Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, July [illegible], 1916

20-UNDERTAKER Geo J Smith — ADDRESS 1002 E Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C96207 C96207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 628

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 N. Chapel St. St.; 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Endres

(Residence in Baltimore: No. 230 N. Chapel St. St.; 33 yrs., 3 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 4 (Day), 1883 (Year)

7-AGE, 33 yrs. 3 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Maximillian Endres.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Kunigunda Roth

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maximillian Endres

(Address) 230 N. Chapel St.

15- HARRY C. ANDREWS

Filed JUN 30 1916 Dep'd Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Dec. 13 1915, to June 27 1916, that I saw h[illegible] alive on June 27 1916, and that death occurred, on the date stated above, at 4.05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Acute

(Duration) yrs. [illegible] mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis Acute

(Duration) yrs. 7 mos. ds.

(Signed) Geo. Keller M. D.

6.29, 1916. (Address) 1931 Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, June 30, 1916

20-UNDERTAKER Lilly & Zeller ADDRESS 403 S. Wolfe St.

C96208

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96208

CERTIFICATE OF DEATH.

13 79

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1819 Aliceanna St ST.: W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Drought

(Residence in Baltimore: No. 1819 Aliceanna St

St. Yrs. Lifetime Mos. Ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	single

6-DATE OF BIRTH, July (Month) 5 (Day) 1868 (Year)

7-AGE, 47 yrs. 11 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, George Drought

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Louisa Kerns

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kerns

(Address) 910 S Wolfe St

15- JUN 30 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Lyons Fiske M. D. (Coroner.)

June 30, 1916 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, July 2nd 1916

20-UNDERTAKER A. Sander Sons ADDRESS 1710 Pleasant

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96209 C96209

CERTIFICATE OF DEATH.

13 × 61+

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Master James N Perkins

(Residence in Baltimore: No. Church Home and Infirmary St.; — yrs., — mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 11, 1911. (Month) (Day) (Year)

7-AGE, 5 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm R Perkins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary A Bohn

13-BIRTHPLACE OF MOTHER (State or Country), Washington

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Perkins

(Address) Fort Howard Md

15- Filed JUN 30 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26th 1916, to June 29th 1916, that I saw him alive on June 28th 1916, and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro Spinal Meningitis

(Diplococcus Intracellularis Meningitidis)

(Duration) 4 yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Horace W Byers M. D.

....., 191... (Address) Church Home Hosp...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 4 ds. In the State 5 yrs. 5 mos. 18 ds.

Where was disease contracted, if not at place of death? At Fort Howard?

Former or usual residence Fort Howard Md

19-PLACE OF BURIAL OR REMOVAL, Cat Lawn Cem. DATE OF BURIAL, July 2d, 1916

20-UNDERTAKER H. Sander Sons ADDRESS 170 Fleet St.

C96210

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96210

CERTIFICATE OF DEATH.

REGISTERED No. C 71

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 753 W. Baltimore ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert M. Kraft.

(Residence in Baltimore: No. 753 W. Baltimore St.; yrs., 5 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, January 14, 1916
(Month) (Day) (Year)

7-AGE, 5 yrs. 16 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michael Kraft.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ella Ganz.

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Kraft.

(Address) 753 W. Baltimore

15- Filed JUN 30 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions Cause Unknown

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Albert D. Driscoll M. D. (Coroner)

June 30 1916. (Address) 312 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Peters	June 30, 1916
20-UNDERTAKER	ADDRESS
John J. Cowan & Son	901 Hollins St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96211

CERTIFICATE OF DEATH.

B 6 120

C96211

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 E. Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Mummert

(Residence in Baltimore: No. 2009 E. Jefferson St.; 36 yrs., 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): M

6-DATE OF BIRTH, March 17, 1880 (Month) (Day) (Year)

7-AGE, 36 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk in
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Store

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jerry Mummert

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Caroline Mauck

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma H. Mummert

(Address) 2009 E. Jefferson St.

15- JUN 30 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 15" 1916, to June 29" 1916, that I saw h— alive on June 29" 1916, and that death occurred, on the date stated above, at 5 45 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) — yrs. — mos. 3 ds.

(Signed) Hugh A. Robertson M. D.

June 30" 1916 (Address) 2139 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, July 2, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 E. Jefferson St.

C96212

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 64

C96212

1-PLACE OF DEATH

Registered No. C

CITY OF BALTIMORE (No. 634 Fairoak ave St.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Frederick Weidner

(Residence in Baltimore: No. 634 Fairoak ave St.: 70 yrs. 7 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Nov. (Month) 15 (Day), 1845 (Year)

7-AGE: 70 yrs. 7 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): (Horse)

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Jno. A. Weidner

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Caroline Fosler

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Carter

(Address) 946 Aisquith St

15- JUN 30 1916 (Filed) 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13. 1916. to. June 28 1916.
that I saw h-- alive on June. 27 .1916.
and that death occurred, on the date stated above, at 10 3/4 a.m.
The CAUSE OF DEATH* was as follows:

Hemiplegia
Apoplexy

(Duration) yrs. mos. 15 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H C Hess M. D.

6/28, 1916. (Address) Govans md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetary DATE OF BURIAL: July 2 .1916

20-UNDERTAKER: Christian Miller ADDRESS: 233 E Jefferson st

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96213 C96213 104

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hosp St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Anderson

(Residence in Baltimore: No. 725 Sterling St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing.

6-DATE OF BIRTH, October 8, 1913
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 2 0 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thos. Anderson

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Susie Matthews

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. Shultz

(Address) Johns Hopkins Hosp.

15-

JUN 30 1916

Filed ..... 191.....

HARRY C. ANDREWS
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1916 to June 29 1916 that I saw her alive on June 28 1916, and that death occurred, on the date stated above, at 10 20 p m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal indigestion

..... (Duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert F. Pomfret M. D.

June 29 191 6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State Life yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 725 Sterling St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, June 30 191 6

20-UNDERTAKER Mrs. J. Locke

ADDRESS 1307 Pierson St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96214 — 28 — C96214

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 863 W. Franklin St.: 17 WARD)
REGISTERED No. C

2-FULL NAME John H. T. Burton.
(Residence in Baltimore) No. 863 W. Franklin

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Age: 10 yrs., 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: May (Month) 23. (Day), 1906 (Year)

7-AGE: 10 yrs. 1 mos. 6 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: John H. T. Burton

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Catherine Adams

13-BIRTHPLACE OF MOTHER (State or Country): Plymouth N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Catherine Burton.
(Address): 863 W. Franklin St

15-
FILED JUN 30 1916, 191....
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 29. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Albert S. Driscoll M. D.
(Coroner)
June 30, 191 6 (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn
DATE OF BURIAL: July 2 19 16

20-UNDERTAKER: Sam'l. H. Chase & Son
ADDRESS: 1400 Mosher

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 C96215 — 79 C96215

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2108 Ethings — ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Roberts

(Residence in Baltimore: No. 2108 Ethings — St.; 8 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, ~~WIDOWED~~ OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April (Month) 1 (Day), 1860 (Year)

7-AGE: 56 yrs. 2 mos. 29 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer (General)
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Easton Md.

PARENTS

10-NAME OF FATHER: Henry Roberts

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: do Dot Known

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carrie Roberts

(Address) 2108 Ethings St

15 JUL 1 1916 Filed ....., 191- ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 -, 1916, to, June 29 - 1916, that I saw h.. alive on June 29 - 1916, and that death occurred, on the date stated above, at 3 P.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ..... yrs 6 mos. about ds.

Contributory (SECONDARY) Cardiac insufficiency

(Duration) ..... yrs 1 mos. - ds.

(Signed), Wm E Bullard M. D.

June 29 -, 1916. [Address] 2118 E Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Easton Md — DATE OF BURIAL: 6/30, 1916

20-UNDERTAKER: Saml J Hemsley — ADDRESS: 518 N. Bdle St

NAME CAPITALS OR PRINT IN ink, TION is very important. See instructions on back of certificate.

B C96216 HEALTH DEPARTMENT--CITY OF BALTIMORE 79 C96216

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 931 Argyle Ave ST. 17 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Barbour

(Residence in Baltimore: No. 931 Argyle Ave St.; 80 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: June (Month) 29 (Day), 1836 (Year)

7-AGE: 80 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: Thomas Barbour

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Daley Mars

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Fannie L Barbour

(Address) 931 Argyle Ave

15 Filed JUL 1 1916, 191 — ROBERT . KRAUSE, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5, 1916, to June 29 1916, that I saw her alive on June 28, 1916, and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis
Uraemia & Coma.
(Duration) Uncertain but long for several years

Contributory (SECONDARY) Chronic valvular Heart Disease
(Duration) Several yrs. mos. ds.

(Signed), Frances A. Carpenter M. D.
June 29, 1916 (Address) 2101 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. — In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 7/1, 1916

20 UNDERTAKER: Sam'l I Hamburger — ADDRESS 1782 Biddle

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96217 HEALTH DEPARTMENT—CITY OF BALTIMORE 91 C96217

CERTIFICATE OF DEATH.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96217

91 C96217

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank A. Thomas

(Residence in Baltimore: No. 309 Wyman Avenue St.; ....yrs., 6 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 27, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jesse Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lula A. Lamire

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- [illegible] 1 1916 191.. ROBERT . KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to June 24 1916, that I saw h[illegible] alive on June 24 1916, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

Malnutrition (Duration) ?yrs. ....mos. ....ds.

(Signed) Gilbert W. Rosenthal M. D.

June 24, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 309 Wyman Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, July 2 1916.

20-UNDERTAKER Wm Cook Co.

ADDRESS 502 Northern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3 C96218 45 C96218

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 N Durham ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Hirt

(Residence in Baltimore: No. 903 N Durham St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Hirt

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hirt

(Address) 903 N. Durham St

15- Filed JUL 1 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 191 6, to June 28 191 6, that I saw h[illegible] alive on June 27 191 6, and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Cause of Disease (Consumption)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. F. Guy M. D.

June 29, 191... (Address) Cor. N. Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, July 1, 1916

20-UNDERTAKER Frank Crack & Son

ADDRESS 1904 Eutaw and Cor

Spec.—8-24-14—M. & T.—2000 Bks.

C96219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 8 WARD)

REGISTERED No. C 96219

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Novack

(Residence in Baltimore: No. 2405 E Chase St.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 1 (Day) (Year)

7-AGE, 16 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Frank Novak

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Novak

(Address) 2405 E. Chase St.

15- JUL 1 1916 ROBERT KRAUTH
Filed ..., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-29 1916, to 6-30 1916, that I saw h[illegible] alive on 6-30 1916, and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute congestive pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) 0 yrs. mos. 9 ds.

(Signed) M. B. Lavin M. D.

6-30, 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill | DATE OF BURIAL, July 2, 1916

20-UNDERTAKER Frank Grach Son | ADDRESS 1904-6 Madison

B. C96220 C96220

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 979

CITY OF BALTIMORE: (No. 1920 Cecil Ave. St.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mahon

(Residence in Baltimore: No. 1920 Cecil Ave. St.; 75 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH ---------- / ---------- / ---------- (Month) (Day) (Year)

7-AGE 82 yrs. - mos. -- ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Internal Revenue Dept
(b) General nature of industry, business, or establishment in which employed (or employer): Store keeper

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Nellie D. Mahon

(Address) 1920 Cecil Ave.

15- ROBERT . KRAUTER
Filed JUL 1 1916 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 6 (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20th, 1916, to June 29 1916, that I saw h[illegible] alive on June 28 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs 1 mos 8 ds.

Contributory (SECONDARY) Val. Dis of Heart

(Duration) 50 yrs mos ds.

(Signed) Edward Dillon M. D.

June 30, 1916. [Address] 208 Lancaster

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	7/1 1916
20-UNDERTAKER Henry W. Means & Son	ADDRESS 10.5 N. Calvert St.

TION is very important. See instructions on back of certificate.

13 96221

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 C96221

1-PLACE OF DEATH Biddle and Bellman Sanatorium REGISTERED No. C

CITY OF BALTIMORE (No. 2724 N. Charles St.: 17 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine F. Merchant

(Residence in Baltimore: No. 106 East 25th St.: 9 yrs. 6 mos. ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: November (Month) 8 (Day), 1862 (Year)

7-AGE: 53 yrs. 7 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Unoccupied
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland Balto

PARENTS

10-NAME OF FATHER: Joseph Merchant

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: J. N. Baker

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. G. F. Smith

(Address) Elwood Av.

15-Filed JUL 1 1916, 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 30 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan, 1916, to June 30 1916, that I saw h[illegible] alive on June 30, 1916, and that death occurred on the date stated above, at 3[illegible] m.

The CAUSE OF DEATH* was as follows:

General and auricular rheumatism

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) General debility - progressive

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. B. Bellman M. D.

June 30, 1916. (Address) 5 E. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 106 E. 25th St.

19-PLACE OF BURIAL OR REMOVAL: Balto. Cemetery

DATE OF BURIAL: July 2, 1916

20-UNDERTAKER: E. M. Mitchell & Co.

ADDRESS: 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

William S. Burton

C96222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 45

C96222

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm S. Burton

(Residence in Baltimore: No. ~~Del~~ Seaford, Del University Hosp St.; .....yrs., ...mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Unknown (Month) (Day), 1864 (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Dept Store

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thos. J. Burton,

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF ~~MY KNOWLEDGE~~.

(Informant) University Hosp. Records

(Address) Greene and Lombard Sts.

15- Filed JUL 1 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1916, to June 30 1916, that I saw h~~im~~ alive on June 30 1916, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

..... (Duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Pancreas

..... (Duration) .....yrs. .....mos. unknown ds.

(Signed) W. Houston Toulson M. D.

6/30, 1916. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 7 ds. In the State unknown yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Seaford, Del

19-PLACE OF BURIAL OR REMOVAL. Seaford Del. DATE OF BURIAL, July 1st, 1916

20-UNDERTAKER Jos. J. Brook ADDRESS 1003 N. Bute St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96223

CERTIFICATE OF DEATH.

170 C96223

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 634 w. Mulberry ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Lammer

(Residence in Baltimore: No. 634 w. Mulberry St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, June (Month) 1 (Day) 1831 (Year)

7-AGE, 85 yrs. 9 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Coach trimmer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Carl Lammer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. A. Lammer

(Address) 634 w Mulberry

15- JUL 1 1916 Filed....., 191.... ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 1916, to June 29 1916, that I saw h/m alive on June 29, 11 Am 1916 and that death occurred, on the date stated above, at 1.20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Heart Block

Arterial

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John A Luetcher M. D.

June 30, 1916. (Address) 1025 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	July 2, 1916.

20-UNDERTAKER Harry W. Cohen ADDRESS 1544 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96224

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96224

CERTIFICATE OF DEATH.

78

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Augustus

(Residence in Baltimore: No. 931 Wilmer Alley St.; 30 yrs., 7 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 25, 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. 7 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General natnre of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Moses Augustus

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Carter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- JUL 1 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1916, to June 28 1916, that I saw him alive on June 24 1916, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insuff.

Toxic Diphtheritic Paralysis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. ds.

(Signed) Arthur Bloomfield M. D.

June 28, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 11 ds. In the State 30 yrs. 7 mos. 3 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 931 Wilmer alley

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, July 1, 1916.

20-UNDERTAKER Geo H Hooper

ADDRESS 609 Eutaw Road

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96225 — C96225

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip J. O'Brien

(Residence in Baltimore: No. 1023 Light St St.; 12 yrs., 9 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept (Month) 10 (Day), 1903 (Year)

7-AGE, 12 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Philip J. O'Brien

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Mamie Marks

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip O'Brien

(Address) 1023 Light St

15- Filed JUL 1 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1916, to June 30 1916, that I saw h[illegible] alive on June 30 1916, and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

(Signed) Edward P Smith M. D.

6/30, 191.6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1023 Light St

Former or usual residence 1023 Light St

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, July 3 1916

20-UNDERTAKER E & B Hade ADDRESS 115 E Hoffman St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96226 64 C96226

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Covington ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Frederick

(Residence in Baltimore: No. 1401 Covington St.; 60 yrs., 8 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: October (Month) 16th (Day), 1855 (Year)

7-AGE: 60 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Francis Myed.

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Elizabeth Schreier

13-BIRTHPLACE OF MOTHER (State or Country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert L. Frederick

(Address) 1401 Covington St

15- Filed JUL 1 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: July (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1916, to June 31 1916, that I saw h-- alive on June 30 1916, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) Don't Know yrs. mos. ds.

(Signed) Philip S. Taylor M. D.

July 1, 191... (Address) 1412 Walbrook

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral DATE OF BURIAL: July 4th, 1916

20-UNDERTAKER: E & B Wade ADDRESS: 115 E Read St

HEALTH DEPARTMENT---CITY OF BALTIMORE

C96227 C96227

CERTIFICATE OF DEATH

71

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 632 Portland St. 77 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Maksimok

(Residence in Baltimore: No. 632 Portland St.; yrs. 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: W White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: September 23, 1915 (Month) (Day) (Year)

7-AGE: yrs. 9 m. 7 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimor And

PARENTS

10-NAME OF FATHER: Fadel Maksimok

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Mary Varbanas

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fadel Maksimok

(Address) 632 Portland St

15- Filed JUL 1 - 1916 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 30, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1916, to June 29 1916, that I saw h[illegible] alive on June 29 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ... yrs ... mos. 7 ds.

Contributory (SECONDARY) ... (Duration) ... yrs ... mos. ... ds.

(Signed) John A. Kladowsky M. D.

June 30, 1916 [Address] 629 Columbia Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 632 Portland St

19-PLACE OF BURIAL OR REMOVAL: St Stanislaus — DATE OF BURIAL: July 1 1916

20-UNDERTAKER: John Grabliauskas — ADDRESS 500 S. [illegible] St

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96228 C96228

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Sherwood Ave ST.; 9 WARD)

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Kunkel

(Residence in Baltimore: No. 2225 Sherwood Ave St.; 29 yrs., 6 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, November 28, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 6 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Adam Hunder

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Magdelena Riehl

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr. Aloysius Kunkel
(Address) 2225 Sherwood Ave

15- Filed JUL 1 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1916, to June 29 1916, that I saw h[illegible] alive on June 27 1916, and that death occurred, on the date stated above, at 4-9 m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 2 mos. 21 ds.

CONTRIBUTORY (Secondary) ~~←~~

(Duration) yrs. mos. ds.

(Signed) John J. Dieckmann M. D.

June 30, 1916 (Address) 936 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, July 3, 1916

20-UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 C96229 137 C96229

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Deboode

(Residence in Baltimore: No. 1600 Guilford ave St.; 30 yrs., 11 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 2 (Day), 1885 (Year)

7-AGE, 30 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, William Colton

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Anna A. Smith

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert F. Deboode

(Address) 1117 Barclay St.

15- JUL 1 - 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to June 29 1916, that I saw h[er] alive on June 29 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Puerperal sepsis

(Duration).....yrs.....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) W. L. Richards M. D.

June 30 1916. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 5 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Hr residence

Former or usual residence 1600 Guilford ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral County — DATE OF BURIAL, July 3, 1916

20-UNDERTAKER Penny ibeck Son — ADDRESS 1321 E Eager St.

C96230 C96230

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 63

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2513 Penna ave ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Erb

(Residence in Baltimore: No. 2513 Pennsylvania ave St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: 4 (Month) 9 (Day), 1849 (Year)

7-AGE: 67 yrs. 2 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

9-BIRTHPLACE (State or country): Union mills Carroll Co Md

PARENTS

10-NAME OF FATHER: Joseph Erb

11-BIRTHPLACE OF FATHER (State or country): Union mills Md

12-MAIDEN NAME OF MOTHER: Ruth Buckingham

13-BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sophia Erb

(Address) 2513 Penna ave

15-

Filed JUL 1 - 1916 19..

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 6 (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July, 1912, to, June 30 1916, that I saw h.. alive on June 30 1916, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs 11 mos ..... ds.

Contributory (SECONDARY) Febrular pneumonia

(Duration) ..... yrs ..... mos. 4 ds.

(Signed) Franklin H Erb M. D.

June 30 1916 [Address] 1935 Washington ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Westminster Md

DATE OF BURIAL: July 2nd 1916

20-UNDERTAKER: Josiah Lyser

ADDRESS: 1600 N North

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96231 C96231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Hollins St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No, 18.)

2-FULL NAME Infant of Louis & Mary E. Tatum

(Residence in Baltimore: No. 1313 Hollins St.; Ward. Lifetime ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	single

6-DATE OF BIRTH, June (Month) 30 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 10 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Louis E. Tatum

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Mary E. Keipding

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis E. Tatum

(Address) 1313 Hollins St.

15- JUL 1 - 1916 Filed ....., 191..... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 30 1916, to June 30 1916, that I saw h.im alive on June 30 1916, and that death occurred, on the date stated above, at 12-30 m.

The CAUSE OF DEATH* was as follows:

Prematurely born. (About 5½ Months After Conception.)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maberry E. Hill M. D.

June 30, 1916. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Am

DATE OF BURIAL, July 1, 1916.

20-UNDERTAKER Robt Brooks & Son

ADDRESS Calhoun & Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

C96232 C96232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1907 Eutaw Place, ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Miller,

(Residence in Baltimore: No. 1907 Eutaw Place, St.: 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Dec. (Month) 25th. (Day) 1836 (Year)

7-AGE: 79 yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired,
(b) General nature of industry, business, or establishment in which employed (or employer): Canner,

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Solomon Miller,

11-BIRTHPLACE OF FATHER (State or Country): Germany,

12-MAIDEN NAME OF MOTHER: Theresa Stern,

13-BIRTHPLACE OF MOTHER (State or Country): Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathan Miller

(Address) 1907 Eutaw Place.

15- Filed JUL 1 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 30th. (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to June 30 1916, that I saw h[illegible] alive on June 29 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis
Diabetes
(Duration) 3 yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Cardiac failure with oedema of lungs (Duration) yrs. mos. 1 ds.

(Signed) Allen Freedman M. D.

June 30, 1916 (Address) 10 E. Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balt Hebrew — DATE OF BURIAL: July 2, 1916

20-UNDERTAKER: David Sondheim ADDRESS: 1017 W. Baltimore

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96233 C96233

CERTIFICATE OF DEATH.

REGISTERED NO. C 81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dangerfield

(Residence in Baltimore: No. 630 Sterling St.; 5 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown; 1 (Month) (Day) (Year)

7-AGE, Unk 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Cook
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Penn.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Phelps.

(Address) John Hopkins Hosp.

15- Filed JUL 1 - 1916, 191.

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 1916, to June 30 1916, that I saw h— alive on June 30 1916 and that death occurred, on the date stated above, at 10 12 P. m.

The CAUSE OF DEATH* was as follows:

Aneurism of abdominal aorta. uncertain (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Persistent vomiting (Duration) 7 yrs. 7 mos. 14 ds.

(Signed) Paul K. Clough M. D.

June 30, 191. (Address) John Hopk. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 630 Sterling St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, July 3, 1916

20-UNDERTAKER R. C. Grosh ADDRESS 1405 McElderry St

C96231 C96231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 174

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Mercy Hospital ST.: 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Richard Grimes

(Residence in Baltimore: No. 2663 Frederick Ave

St.: 54 yrs., 8 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 10th, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. 8 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Gen'l R. R. Shops

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jerome Grimes

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Jane Fish Lane

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary A. Grimes

(Address) 2663 Frederick Ave

15- JUL 1 - 1916, 191.... HARRY C. ANDREWS Clerk
Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Pelvis - Shock & Hemorrhage

3 days

Accident Probably Internal Injuries

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by Fire Reel

(Duration) yrs. mos. ds.

(Signed) W. F. Miller — Obv — M. D.
(Coroner.)

June 30, 191.6 (Address) 1637 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 30 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Canton Balto Co Md

Former or usual residence 2663 Frederick Ave

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden

DATE OF BURIAL, July 3rd, 1916

20-UNDERTAKER Jos L. B. Cook

ADDRESS 1003 W Balto St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 C96235

B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Exeter ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paysie Caplan

(Residence in Baltimore: No. 115 S. Exeter St.; 28 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 72 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Philip Caplan

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Caplan

(Address) 1629 E. Balto St.

15- JUL 1 - 1916 Filed....., 191.....

HARRY C. ANDREWS
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1916, to June 27 1916, that I saw h[illegible] alive on June 27 1916, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Malignant growth on
stomach bowel
Symptoms
(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Starvation, Inability to retain food
(Duration) yrs. 1 mos. ds.

(Signed) Wm. H. Brisbe M. D.

July 1, 1916. (Address) 112 E. Caldwell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, July 2 1916

20-UNDERTAKER S. Levinson & Bro ADDRESS 1107 E Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

C96236

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96236

B

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 12 WARD) REGISTERED No. C 1098

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest E Brown

(Residence in Baltimore: No. 27 Belvedere Ave St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Married

6-DATE OF BIRTH, October (Month) 11 (Day), 1884 (Year)

7-AGE, 31 yrs. 8 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo P Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ellen Pollard

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Residence

(Address) 27 Belvedere ave

15- Filed JUL 1 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1st (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1916, to July 1st 1916, that I saw h[illegible] alive on July 1st 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

appendicitis (Duration) yrs. mos. 14 ds.

(Signed) E P Ward M. D.

July 1, 1916 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence 27 Belvedere Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn Bury Md	July 2 1916
20-UNDERTAKER	**ADDRESS**
Wm J McKee & Sons	N. Y. ave

B C96237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C96237

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 832 Saratoga ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ritta Stevens

(Residence in Baltimore: No. 834 Saratoga St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Feby. (Month) 20 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 4 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, M. N. Stevens

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Stella Butler

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stella Stevens

(Address) 832 Saratoga St

15- JUL 2 - 1916 PRINT PLAINLY

Filed....., 191... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry. (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchs, Pneumonia

..... (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary).....

..... (Duration)....yrs....mos....ds.

(Signed) Hebert L. Driscoll M. D. (Coroner)

July 1, 1916. (Address) 512 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
M. N. Stevens	July 3 1916
20-UNDERTAKER	ADDRESS
John H. Feadon	Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96238 C96238

CERTIFICATE OF DEATH.

13 120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2839 Penna Ave; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Deckman

(Residence in Baltimore: No. 2839 Penna Ave St.; 65 yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~. (Write the word.) Widower

6-DATE OF BIRTH, July 21, 1827 (Month) (Day) (Year)

7-AGE, 88 yrs. 11 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Gueesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Deckman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Deckman

(Address) 2839 Penna Ave

15- Filed JUL 2 - 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1916, to July 1 1916, that I saw h.. alive on 1 / 1 / 1916, and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ~~dec.~~ yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs, ... mos. ... ds.

(Signed) J.A. Mellem M. D.

July 1, 1916 (Address) 1313 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Pauls Luth Cem't. DATE OF BURIAL, July 3, 1916

20-UNDERTAKER Mrs. A. Rohde & Son ADDRESS 730 Pa Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96239 C96239

CERTIFICATE OF DEATH.

69

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2004 Fountain St ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Zuromska

(Residence in Baltimore: No. 2004 Fountain St

St.; 33 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) — (Day) —, 1875 (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Birthplace Unknown

11-NAME OF FATHER (State or Country), John Raleja Germany

12-MAIDEN NAME OF MOTHER Mary Raleja

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Zuromska

(Address) 2004 Fountain St

15- Filed JUL 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Mouth

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Violent Epileptic Spasm

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) A. Lenny Spry (Coroner) ... M. D.

July 1, 1916 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus, DATE OF BURIAL, July 3rd, 1916,

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann St

important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Bks.

C96240 HEALTH DEPARTMENT—CITY OF BALTIMORE C96240

13 CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2626 E. Madison St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Seidel

(Residence in Baltimore: No. 2626 E. Madison St.; 50 yrs. — mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: June 7, 1866 (Month) (Day) (Year)

7-AGE: 50 yrs. ..... mos. 24 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: Henry Zoecklein

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Margaret Voltrath

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Seidel

(Address) 2626 E. Madison St.

15- Filed JUL 2 - 1916; 191.....

HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1915, to July 1 1916, that I saw h[illegible] alive on July 1 1916, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Diffuse Neoplastic and Dropsy

(Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Adolph C. Eisenberg M. D.

July 2, 1916 (Address) 2701-03 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emmanuel Cemetery

DATE OF BURIAL, July 4, 1916

20-UNDERTAKER Christian Miller

ADDRESS 233 Jefferson St

Duplicate. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96241 C96241

15

CERTIFICATE OF DEATH.

137

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Talbott

(Residence in Baltimore: No. 1338 N Calhoun St St. 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1897 (Year)

7-AGE, 19 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ft. Mary's Co. Md

PARENTS.

10-NAME OF FATHER, A. F. Curtis

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno Talbott

(Address) 1338 Calhoun

15- JUL 2 - 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia
5 mos. Foetus
6 days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) H. T. Peters (Coroner.) M. D.

June 30, 1916 (Address) 1657 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State 4 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1338 N Calhoun St

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, July 4, 19....

20-UNDERTAKER James H. Dunn

ADDRESS 1308 Division

CAUTION—Do not write in this space. Use it for any additional information important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96242 104 C96242

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C — JUL 2 - 1916

CITY OF BALTIMORE: (No. 518. S. Ann. ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward. Konop

(Residence in Baltimore: No. 518. S Ann. St ST.; ..yrs.. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 2 (Day), 1916 (Year)

7-AGE, ..yrs. 5 mos. ..ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Konop

11-BIRTHPLACE OF FATHER (State or Country), Galicia Austria

12-MAIDEN NAME OF MOTHER, Honorata. Spiech

13-BIRTHPLACE OF MOTHER (State or Country), Galicia Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Konop

(Address) 518. S. Ann St

15- JUL 2 - 1916 Filed....., 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 31 191 6, to July 1 1916, that I saw h— alive on July 1 1916, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Convulsions

..... (Duration) ..yrs. ..mos. 1 ..ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

..... (Duration) ..yrs. ..mos. 1 ..ds.

(Signed) J. Wolman M. D.

July, 1916 (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 2, 1916

20-UNDERTAKER William Fiaszowski

ADDRESS 1617 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96243 C96243

CERTIFICATE OF DEATH.

13 109

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Thompson

(Residence in Baltimore: No. 1610 Light Street. St.; 27 yrs. 7 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 3, 1888 (Month) (Day) (Year)

7-AGE, 27 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Dispatcher B & O.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Thomas A Thompson.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary A Cook.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Thompson

(Address) 1610 Light St.

15- JUL 2 - 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 1 1916, that I saw h.. alive on July 1 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Hemorrhage of Bowels

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry McElin M. D.

7/1, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1610 Light St.

19-PLACE OF BURIAL OR REMOVAL. London Pk Cem

DATE OF BURIAL, 7/4, 1916

20-UNDERTAKER J. F. McCauley

ADDRESS 392 Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C96244 C96244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 79

1-PLACE OF DEATH Marine Hospital REGISTERED No. C

CITY OF BALTIMORE: (No. Remington Ave St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mc Sorley

(Residence in Baltimore: No. 1725 E. Lombard St.; 4 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 2 (Day), 1859 (Year)

7-AGE, 57 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) From Hospital records.
(Address) Marine Hospital

15-
Filed JUL 2 - 1916, 191.. HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1916, to July 2nd 1916, that I saw him alive on July 2nd 1916, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:
Chronic valvular heart disease x

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. — mos. — ds.

(Signed) Chas. V. Vogel M. D.

7-2-, 1916. (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 2 yrs. 1 mos. — ds. In the State — yrs. — mos. — ds.
Where was disease contracted, if not at place of death? Unknown
Former or usual residence Boarded at 1725 E. Lombard St. Unknown

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, July 3, 1916

20-UNDERTAKER Ellenworth & Son ADDRESS 367 Chestnut Ave.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96245

CERTIFICATE OF DEATH.

113

C96245

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Fleet ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Schaefer

(Residence in Baltimore: No. 2005 Fleet St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1861 (Day) (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Schaffer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Schaffer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Williams

(Address) 2005 Fleet St.

15- JUL 2 1916 HARRY C. ANDREWS, Burial Permit Clerk

Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to June 30 1916, that I saw h-m alive on June 30 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John H. Rehberger M. D.

July 1, 1916 (Address) 1709 Allen Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel

DATE OF BURIAL, July 3, 1916

20-UNDERTAKER Peter Nicolaus

ADDRESS 1046 Eastern Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 C96246 — C96246 — 28

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1774 Poplar Grove St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel J. Sheehan

(Residence in Baltimore: No. 1774 Poplar Grove St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December 30 (Month) (Day) 1885 (Year)

7-AGE: 30 yrs. 6 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Retail Grocer

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: James J. Sheehan

11-BIRTHPLACE OF FATHER (State or country): Balto Md.

12-MAIDEN NAME OF MOTHER: Mary Ellen McKeever

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James J. Sheehan

(Address) 1774 Poplar Grove

15- JUL 2 - 1916 HARRY C. ANDES

Filed ....., 191 ..... Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1916, to, June 30 1916, that I saw him alive on June 30 1916, and that death occurred, on the date stated above, at P. 15 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) About 6 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Harry C. Hank M. D.

July 1, 1916 [Address] 1916 Park Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: July 3, 1916

20-UNDERTAKER: F. A. Kramer ADDRESS: 703 Hanover

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96247 C96247

REGISTERED NO. C 8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Fawn St.; St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Bruno

(Residence in Baltimore: No. 1422 Fawn St.; St.; 0 yrs., 0 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June 1, 1916
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Vasco Bruno

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Julia Montanaro

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Bruno

(Address) 1422 Fawn St

15- Filed JUL 2 - 1916, 19.. HARRY E. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 191.., to July 3 191..,
that I saw h.. alive on June 29 191..,
and that death occurred, on the date stated above, at 10 30 m.
The CAUSE OF DEATH* was as follows:

Infant Premature Confinement
.....
.....
..... (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) ..yrs. ..mos. ..ds.

(Signed) .....M. D.
....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	July 3, 1916
20-UNDERTAKER	ADDRESS
Wendell Lippel & Son	350 S. Bond

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96248

CERTIFICATE OF DEATH.

151 C96248

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 111 E Fort Ave ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie Dougherty

(Residence in Baltimore: No. 111 E Fort Ave St.; .....yrs., ...mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	Single

6-DATE OF BIRTH, 6 (Month) 20 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. .....mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Geo H. Dougherty

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Josephine L Carter

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo H Dougherty

(Address) 111 E Fort Ave

15- Filed JUL 3 - 1916, 191..... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/30 1916, to 7/2 1916, that I saw h.. alive on 7/2 1916 and that death occurred, on the date stated above, at 1030 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(7th Fetal Month)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) ....yrs. ....mos. 3 ds.

(Signed) L J Sutter Jr M. D.

7/2, 1916 (Address) 102 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	7/3, 191.6
20-UNDERTAKER	ADDRESS
J. F. McCully	39 E Fort

C96249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Ind. Gnl. Hospital ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Nord

(Residence in Baltimore: No. 1165 Penn. Ave ST.: yrs., 50 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Apr. (Month) 2 (Day), 1866 (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 2 mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter Broker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Sweden

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Former wife

(Address) 2321 Richland

15 Filed JUL 3 - 1916, 191.. ROBERT J. KRAUSE, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis

Not known

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Not known

(Duration) ....yrs.....mos.....ds.

(Signed) J. Wallerstein M. D. (Coroner.)

July 2, 1916. (Address) 8 G N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State 2 yrs....mos....ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 1165 Penn Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Evangelical Cemetery	July 3 1916

20-UNDERTAKER	ADDRESS
Christian Miller	2734 Jefferson St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B. C96250 ×152 C96250

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.) 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Short

(Residence in Baltimore: No. (now) Severn, Md St.; yrs., 1 mo. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 2 (Month) (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 1 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Rufus Irvin Short

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lola Clarke

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rush Clark

(Address) Odenton

15- Filed JUL 3 - 1916, 191 [illegible] KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to July 2 1916, that I saw her alive on July 2 1916, and that death occurred, on the date stated above, at 12:45 P.m.

The CAUSE OF DEATH* was as follows:

Asphyxia

Diphtheria Tubes

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) none

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] Watt M. D.

7-2-16, 191.. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death one minute yrs. mos. ds. In the State life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence none

19-PLACE OF BURIAL OR REMOVAL, Family Com Odenton Md

DATE OF BURIAL, July 3 1916.

20-UNDERTAKER Edelroy Stiffler

ADDRESS 844 N Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96251 C96251 x126

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Washington Bailey

(Residence in Baltimore: No. Md General Hosp. St.; ..... yrs., ... mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1833 (Year)

7-AGE, 81 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Glenn Gosnell

(Address) Granite Balto Co.

15- FILED JUL 3 - 1916 ROBERT . BLACK Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29, 1916, to July 2, 1916, that I saw h[illegible] alive on July 2 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate
Chronic Interstitial Nephritis
& Hypereardia (Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Stevens M. D.

July 3, 1916 (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Granite Md.

19-PLACE OF BURIAL OR REMOVAL, Granite Balto Co. DATE OF BURIAL, July 4, 1916

20-UNDERTAKER S Hilsinger Son ADDRESS Ellicott City

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96252

B C96252

104

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Payson St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard William Carey

(Residence in Baltimore: No. 305 S. Payson St.; ..... yrs., 7/12 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, Dec (Month) 3 (Day), 1915 (Year)

7-AGE, ... yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frank Carey

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Minnie Stahlman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank E. Carey

(Address) 305 S. Payson

15- JUL 3 - 1916 Filed....., 191.... ROBERT J. BRADLEY, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 30 1916, to July 1 1916, that I saw him alive on June 30 1916, and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) Convulsions ..... (Duration) ..... yrs. ..... mos. few hours ..... ds.

(Signed) H. E. Krantz M. D.

July 1, 1916 (Address) 1002 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	July 3, 1916
20-UNDERTAKER Chas F. Wasmer	ADDRESS 217 N. Fulton

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96253 64 C96253

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 N. Calvert ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha E Mitchell

(Residence in Baltimore: No. 2007 N Calvert St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug 24 (Month) (Day), 1845 (Year)

7-AGE, 70 yrs. 10 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Louis

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mickenson

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. H. Mitchell

(Address) 2007 N. Calvert St.

15- Filed JUL 3 - 1916 ROBERT . KRAUSE, 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 1916, to June 30 1916, that I saw her alive on June 30. 11 Am 1916, and that death occurred, on the date stated above, at 2.45 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

36 hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

indefinite (Duration) yrs. mos. ds.

(Signed) H. H. Stansbury M. D.

July 1, 1916. (Address) 922 N. Monta ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, July 2 1916

20-UNDERTAKER Wm. J. Tickner & Son ADDRESS North Ave

Dr. H. H. Stansbury 920 N Monta ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96254 C96254

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Roy Myers.

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	married

6-DATE OF BIRTH, Oct (Month) 28 (Day), 1876 (Year)

7-AGE,	If LESS than 1 day,
39 yrs. 8 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James H. Myers.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Gertrude Wantz.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Roy Myers

(Address) Westminster Md

15- JUL 3 · 1916 ROBERT . ERNST, Burial Permit Clerk.
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1916, to July 7 1916, that I saw h[illegible] alive on July 7 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

General Septicaemia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Cellulitis of Shoulder

(Duration) unknown mos. ds.

(Signed) H W Myers M. D.

7/7, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Westminster Md.

19-PLACE OF BURIAL OR REMOVAL. Westminster Md

DATE OF BURIAL, July 9..., 1916

20-UNDERTAKER Jno R Cook

ADDRESS 1003 W Balto St

C96255

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C96255

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 21 N. Bruce ST.: 19" WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie A. Brown

(Residence in Baltimore: No. 21 N. Bruce ST.: 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH Feby 7, 1875
(Month) (Day) (Year)

7-AGE 41 yrs. 5 mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) St Marys Co Md

PARENTS

10-NAME OF FATHER George Warren

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Grace Brawner

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eugene Brown

(Address) 21 N. Bruce St

15-Filed JUL 3 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1915 to July 2 1916.
that I saw h[illegible] alive on July 2, 1916.
and that death occurred, on the date stated above, at 4P m.
The CAUSE OF DEATH was as follows:

Tuberculosis

(Duration) ... yrs. ... 5 mos

Contributory (SECONDARY) Lafayette Grippe

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. W. Slater M. D.

(Address) 216 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Peters Cem | DATE OF BURIAL July 7, 191 6

20-UNDERTAKER Kai Copley ADDRESS 25 N Fulton

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

B C96256

CERTIFICATE OF DEATH.

170 C96256

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 W. Lexington St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac V. Green

(Residence in Baltimore: No. 811 W. Lexington St. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June — (Month) (Day), 1858 (Year)

7-AGE, 58 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Horseshoer
(b) General nature of industry, business, or establishment in which employed (or employer). Mr. Hoff

9-BIRTHPLACE, (State or Country). Baltimore Co Md

PARENTS.

10-NAME OF FATHER, John Green

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie M. Green

(Address) 811 W. Lexington St

15- JUL 3 - 1916 ROBERT . KRAUSS, Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July (Month) 2nd (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 19th 1916, to July 2nd 1916, that I saw h[illegible] alive on July 2nd 1916, and that death occurred, on the date stated above, at 1A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 4 mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robt. J. Murray M. D.

July 2, 191.6 (Address) 510 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet — DATE OF BURIAL, July 5, 1916.

20-UNDERTAKER Jos. B. Cook — ADDRESS 1003 W. Baltimore St

Important. See instructions on back of certificate

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96257

CERTIFICATE OF DEATH.

104

C96257

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 Ridgely St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis J. O'Connell

(Residence in Baltimore: No. 1527 Ridgely St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Infant

6-DATE OF BIRTH, June (Month) 2 (Day), 1916 (Year)

7-AGE, No yrs. 5 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Daniel O'Connell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Carrie Bentley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel O'Connell

(Address) 1527 Ridgely St

15- Filed JUL 3 - 1916, 191.. ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1916, to July 2 1916, that I saw h— alive on July 1 1916, and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

Abdoce Insufficiency

(Duration) 20 yrs. 20 mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Raymond J. Gleason M. D.

July 3, 191.6 (Address) Not known

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 4, 1916

20-UNDERTAKER Jas B Cook — ADDRESS 1003 N Balto St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96258 x41 C96258

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leslie W. Masson

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ..... yrs., ... mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 2 (Day), 1875 (Year)

7-AGE, 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Examiner in
(b) General nature of industry, business, or establishment in which employed (or employer): patent office

9-BIRTHPLACE, (State or Country), California

PARENTS.

10-NAME OF FATHER, Frank Masson

11-BIRTHPLACE OF FATHER (State or Country), Rhode Island

12-MAIDEN NAME OF MOTHER Juliette Lamplear

13-BIRTHPLACE OF MOTHER (State or Country), Rhode Island

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- Filed JUL 3 - 1916, 191... ROBERT . KRAETER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1916, to July 2 1916, that I saw h[illegible] alive on July 2 1916, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum
with extensive metastases

..... (Duration) ..... yrs. ? mos. ..... ds.

CONTRIBUTORY (Secondary) Operation ? Pulmonary Embolus (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) G. A. L. Schultz M. D.

July 3, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence Kensington Md.

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. DATE OF BURIAL, July 5 1916

20-UNDERTAKER Chas. P. Evans & Son ADDRESS 1810 N. Royal Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96259 — 44 — C96259

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Poplar Grove ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Brown

(Residence in Baltimore: No. 912 Poplar Grove St.; 79 yrs., 2 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 21, 1837 (Month) (Day) (Year)

7-AGE, 79 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Produce Merchant
(b) General nature of industry, business, or establishment in which employed (or employer). Fox Meat.

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Abel Brown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Magdalene Pumper

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Dora Brown

(Address) 912 Poplar Grove

15- Filed JUL 3 - 1916 ROBERT . KRAUSE, Burial Permit Clerk. 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to July 2 1916, that I saw h[illegible] alive on July 1 1916, and that death occurred, on the date stated above, at 11.45 a m.

The CAUSE OF DEATH* was as follows:

Found cell Carcinoma of the nose

Duration 6 mos.

CONTRIBUTORY (Secondary) General Cachexia

Duration 6 mos.

(Signed) Chas. E. Conner M. D.

July 3, 1916 (Address) 1101 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, July 5, 1916

20-UNDERTAKER Jos B Cook — ADDRESS 1003 W Balto St

C96260

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 — 79 — C96260

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 103 N High St St.: 5th WARD) (If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Phillips

(Residence in Baltimore: No. 103 N High St St.: Wife yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: April (Month) 10 (Day), 1846 (Year)

7-AGE: 70 yrs. 2 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Joshua Turner

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Laura Gimpel
(Address) 103 N. High St

15. Filed JUL 3 - 1916 ROBERT F. KRAUTH, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 1st (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 20th, 1915, to July 1st 1916, that I saw h[er] alive on July 1st, 1916, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Aortic & Mitral Regurgitation

(Duration) about 8 yrs. mos. ds

Contributory (SECONDARY) Bronchitis

(Duration) 1/2 yrs. 8 mos. ds.

(Signed) A F Ries M. D.

July 2nd, 1916 (Address) 24 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 3, 1916

20-UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond

NB—State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C96261 C96261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N Amity ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Matthews

(Residence in Baltimore: No. 219 Amity St

St.; 11 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 9 (Day), 1849 (Year)

7-AGE, 66 yrs. 11 mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Private family

9-BIRTHPLACE, (State or Country), Montgomery Co, Md

PARENTS.

10-NAME OF FATHER, Wm Ward

11-BIRTHPLACE OF FATHER (State or Country), Montgomery Co, Md

12-MAIDEN NAME OF MOTHER Mary Anne Pratt

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas J Keller

(Address) 222 W Monument St

15- JUL 3 - 1916 Filed, 191 ROBERT KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27th 1916, to June 30th 1916, that I saw h alive on June 30th 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial asthma + Emphysema (Duration) 2 yrs. mon. ds.

(Signed) Chas J Keller M. D.

July 1st, 1916 (Address) 222 W Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, July 4 1916

20-UNDERTAKER John A Toadvine

ADDRESS 142 Mosher St

Imp. Phila. Sec. Bureau for Prev. of Consumption

C96262 C96262

HEALTH DEPARTMENT, CITY OF BALTIMORE

C96262

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

REGISTERED No. C 96262

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 929 N Dallas St. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Hawley

(Residence in Baltimore: No. 929 N Dallas St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 2nd (Day) 1916 (Year)

7-AGE: One Hour yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: George Lee Hawley

11-BIRTHPLACE OF FATHER (State or country): Balto City

12-MAIDEN NAME OF MOTHER: Mary Wagner

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Lee Hawley

(Address) 929 N. Dallas St

15. Filed JUL 3 - 1916 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 2nd (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2nd 1916, to July 2nd 1916, that I saw h[illegible] alive on July 2nd 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

I Premature birth 9th month

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.

July 3rd 1916 (Address) 1501 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bolt Court

DATE OF BURIAL: July 3, 1916

20-UNDERTAKER: Ruff & Sons

ADDRESS 1142 N Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96263 C96263

CERTIFICATE OF DEATH

104

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 723 Waechle St.; WARD) 4

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Catherine Carpenter

(Residence in Baltimore: No. 723 Waechle St.; yrs. 20 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: Oct 20 (Month) (Day), 1915 (Year)

7 AGE: 1 yrs. 8 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Bernard Carpenter

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Ethel Smith

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine Smith.

(Address) 723 Waechle st.

15 Filed JUL 3 - 1916 1916 ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 30th (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 23rd, 1916, to June 30th 1916, that I saw h[illegible] alive on June 30th, 1916, and that death occurred, on the date stated above, at 1.00 p. m.
The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) ..... yrs. ..... mos. 1/4 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1/4 ds.

(Signed) Geo. H. Lauenstein M. D.

July 1, 1916. (Address) 2215 N. Monroe.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Auburn Cemetery — DATE OF BURIAL: July 3rd 1916

20 UNDERTAKER: George J. Ruth — ADDRESS: 1735 Halford Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

HEALTH DEPARTMENT---CITY OF BALTIMORE

C96264 C96264

CERTIFICATE OF DEATH

REGISTERED NO. C 28

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 W. German ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Bernita

(Residence in Baltimore: No. 607 W. German St.; 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: unknown (Month) (Day), 1883 (Year)

7-AGE: 33 yrs. — mos. — ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Known

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Known

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Galdikas

(Address) 607 W. German St

15- Filed JUL 3 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to July 2 1916, that I saw her alive on July 2 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) 1 yrs mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) John A. Sklabowsky M. D.

July 3, 1916 [Address] 629 Columbia Av.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence 607 W. German St

19-PLACE OF BURIAL OR REMOVAL: St Stanislowas — DATE OF BURIAL: July 4, 1916

20-UNDERTAKER: John Kretkauskas — ADDRESS: 500 S. Paca St

TION is very important. See instructions on back of certificate.

C96265

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96265

13

115

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 17 S. Ann ST.: 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Wallace Brown

(Residence in Baltimore: No. 17 S. Ann St.: 77 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: March 29, 1838 (Month) (Day) (Year)

7 AGE: 78 yrs. 3 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Benjamin Brown

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Casandria Robertson

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Myers

(Address) 17 S. Ann St.

15 Filed JUL 3 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 1st, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 29, 1916, to July 1st 1916, that I saw him alive on July 1st, 1916, and that death occurred, on the date stated above, at 11:55 a.m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) — yrs. — mos. 3 ds

Contributory (SECONDARY): Old age

(Duration) — yrs. — mos. — ds.

(Signed) William H. Johnson M. D.

July 1st, 1916. (Address) 2017 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 4, 1916

20 UNDERTAKER: H. E. Snyder — ADDRESS: 17 S. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96266 C96266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 15 48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Thomas Av St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen V-B- Wooden

(Residence in Baltimore: No. 1813 Thomas Av St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 14, 1839
(Month) (Day) (Year)

7-AGE, 76 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer). Housework

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, ~~B. A.~~? Blackford

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Williford

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank B. Wooden

(Address) 1813 Thomas Av

15- JUL 3 - 1916 ROBERT . KRAUTER
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25 1909, to July 2 1916, that I saw her alive on July 2 1916, and that death occurred, on the date stated above, at 7 25 P m.

The CAUSE OF DEATH* was as follows:

Arthritis Deformans

Myocarditis (Duration 2 yrs)

(Duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophic Cirrhosis of Liver (Duration) 4 yrs. mos. 10 ds.

(Signed) R. C. Metzel M. D.

July 3, 1916. (Address) 1903 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Pleasant Grove Balto Co and DATE OF BURIAL, 7/5, 191.6

20-UNDERTAKER McClain Cork ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C96267 C96267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 Greenmount Ave. WARD) 9

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Freda May Hill

(Residence in Baltimore: No. 2713 Greenmount ave St.; 1 yrs., 1 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Infant

6-DATE OF BIRTH, May (Month) 2 (Day), 1915 (Year)

7-AGE, 1 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas W Hill

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co Md

12-MAIDEN NAME OF MOTHER Freda May Forman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. W. Hill

(Address) 2713 Greenmount Ave

15-

Filed JUL 3 - 1916, ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 1916, to July 1 1916, that I saw h[illegible] alive on July 1 1916, and that death occurred, on the date stated above, at 10 20 m.

The CAUSE OF DEATH* was as follows:

Marasmus "Cerebral" Simple

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. C. Prentiss M. D.

July 2, 1916. (Address) 634 Crouch

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, 7/4, 1916

20-UNDERTAKER Wm Cook — ADDRESS 382 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96268

CERTIFICATE OF DEATH.

28 C96268

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2926 Edmondson Ave St. 16 (WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jefferson D. Mobley
(Residence in Baltimore: No.) 2926 Edmondson Ave St.: 73 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married
6-DATE OF BIRTH: June (Month) 29 (Day), 1861 (Year)
7-AGE: 55 yrs. 7 mos. 2 ds.
If LESS than 1 day, hrs. or min.!
8-OCCUPATION: (a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Whiskey House
9-BIRTHPLACE, (State or Country): Maryland

PARENTS.
10-NAME OF FATHER: Joseph Mobley
11-BIRTHPLACE OF FATHER (State or Country): Maryland
12-MAIDEN NAME OF MOTHER: Rebecca Silence
13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Mattie Mobley
(Address) 2926 Edmondson Ave

15- JUL 3 - 1916 ROBERT . KRAUTER,
Filed ....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1916, to July 1 1916, that I saw h-- alive on July 1 1916, and that death occurred, on the date stated above, at 4 30P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac arthritis

(Duration) yrs. mos. 5 ds.

(Signed) E. D. Cockrell M. D.

7-3-16 191... (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park
DATE OF BURIAL, 7/4, 1916.
20-UNDERTAKER William Cook
ADDRESS 502 E North

Dr Cockrain 24 N. Fulton Ave

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96269 C96269

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1153 St. Mark St., 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelius Durgin

(Residence in Baltimore: No. 1543 So. Charles St.; 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: August 8, 1843 (Month) (Day) (Year)

7-AGE: 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country): Va.

PARENTS.

10-NAME OF FATHER: John Day

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Emma Thournarte

13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Keats

(Address) 1543 S. Charles St.

15- Filed JUL 3 - 1916 ROBERT . KRAUTER, Burial Permit Clerk 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July 2, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 15 1916, to July 2 1916, that I saw h er alive on June 29 1916, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 1 hr.

CONTRIBUTORY (Secondary) Chronic Bronchitis & Senile Hypertrophy

(Duration) yrs. 6 mos. ds.

(Signed) J. F. Neilson M. D.

7-2-1916. (Address) 15 Randall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, 7/5, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96270 C96270 104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 S. Bond ST.; 2 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladislaw Bujnowski

(Residence in Baltimore: No. 807 S. Bond St.; yrs., mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH June 27, 1916 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
yrs. mos. 5 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Adam Bujnowski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Monika Washkewicz

13-BIRTHPLACE OF MOTHER (State or Country), Poland Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Al Siunkiewicz

(Address) 221 S. Broadway

15- Filed JUL 3 - 1916 ROBERT [illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2nd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2nd 1916, to July 2nd 1916, that I saw him alive on July 2nd 1916, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction (?)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Auto Intoxication

(Duration) yrs. mos. ds.

(Signed) Alex. A. Siunkiewicz M. D.

July 3, 1916 (Address) 221 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. 5 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 807 S. Bond st

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	July 5, 1916

20-UNDERTAKER	ADDRESS
William Fialkowski	1618 Eastern Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—300 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96271 164 C96271

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 S. Ann ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Michalski

(Residence in Baltimore: No. 727 S. Ann St.; ...yrs., 7 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, November 9, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...none...
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Peter Michalski

11-BIRTHPLACE OF FATHER (State or Country), Poland Russian

12-MAIDEN NAME OF MOTHER Francis Banczek

13-BIRTHPLACE OF MOTHER (State or Country), Poland Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Michalski

(Address) 727 S. Ann St

15- JUL 3 - 1916 ROBERT . KRAUTH.
Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1916, to June 30 1916, that I saw h[illegible] alive on June 30 1916, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

.....
Cardiac Insufficiency
.....
..... (Duration) ...yrs. ...mos. 8 ds.

CONTRIBUTORY (Secondary) Diarrhoea
..... (Duration) ...yrs. ...mos. 8 ds.

(Signed) [illegible] M. D.

July 3, 1916. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 5, 1916

UNDERTAKER Isaac Frankowski

ADDRESS 428 Bond

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

39 C96272

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N. Carey ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Frank Morrison

(Residence in Baltimore: No. 5 N. Carey St.; about 70 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April (Month) 18 (Day), 1841 (Year)

7-AGE, 75 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Electrical Mechanic

9-BIRTHPLACE, (State or Country), Nova Scotia

PARENTS.

10-NAME OF FATHER, ? ? Morrison

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Margaret Campbell

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ella Watts

(Address) 192 Park Ave

15- Filed JUL 3 - 1916 ROBERT . KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3rd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10th 1914, to March 5th, 1916, that I saw h[illegible] alive on March 5th 1916, and that death occurred, on the date stated above, at 7.45 [illegible]m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) Edward L. Brazer M. D.

July 3, 1916. (Address) 22 W. Mt. Vernon Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19-PLACE OF BURIAL OR REMOVAL, Frederick, Maryland DATE OF BURIAL, July 05, 1916

20-UNDERTAKER Stewart & Moore Comy ADDRESS 108 W North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96273 C96273

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Woodward Ritz

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, February 19, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto County Md.

PARENTS.

10-NAME OF FATHER, Howard Ritz

11-BIRTHPLACE OF FATHER (State or Country), U S a

12-MAIDEN NAME OF MOTHER Sophie Dull

13-BIRTHPLACE OF MOTHER (State or Country), U S a

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- Filed JUL 3 - 1916, 191 ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 1916, to July 2 1916, that I saw h[illegible] alive on July 2 1916, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Indigestion Acute Intestinal

(Duration) ..... yrs. 1/2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert W Rosenthal M. D.

July 2, 191 6 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Glenarm Md.

19-PLACE OF BURIAL OR REMOVAL, Gallston Md

DATE OF BURIAL, July 3., 1916

20-UNDERTAKER Edward C Fuller

ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C96274

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C96274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 151 C96274

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 S. Kenwood ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rita R Kaiser

(Residence in Baltimore: No. 528 S. Kenwood ave St.; ..... yrs., five mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... June (Month) 14 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. .....mos. 18 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Joseph Kaiser

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Mary Hall

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Kaiser

(Address) 528 S. Kenwood Ave

15-

JUL 3 - 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to July 2 1916, that I saw her alive on July 2 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) .....yrs. .....mos. 18 ds.

CONTRIBUTORY (Secondary) Obstetric

(Duration) .....yrs. .....mos. .....ds.

(Signed) O'Leary M. D.

7/V, 1916 (Address) 1701 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	July 5, 1916
20-UNDERTAKER	ADDRESS
Trudell Lippel & Son	330 S. Bond st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96275

CERTIFICATE OF DEATH.

x114 C96275

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Tilton

(Residence in Baltimore: No. Coast Va St.; 64 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-[illegible] MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, April ?, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Samuel Davis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Amanda Davis

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) [illegible]

15- JUL 3 - 1916 Filed, 191. ROBERT . KRAUSS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to July 2 1916, that I saw her alive on July 2 1916, and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:

Gall stones

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock operation

(Duration) yrs. 7 mos. ds.

(Signed) Jno. S. Teagarden M. D.

7/7/, 191.6 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. 7 ds.

Where was disease contracted, if not at place of death? Coast Va

Former or usual residence Coast Va

19-PLACE OF BURIAL OR REMOVAL, Lutheran Cem Balto Co. DATE OF BURIAL, July 5., 1916.

20-UNDERTAKER John J Fahey & Son ADDRESS 818 Light

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96276 C96276

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2612 Fait ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna C. Weber

(Residence in Baltimore: No. 2612 Fait Ave St.; life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 7 (Day), 1915 (Year)

7-AGE, 1 yrs. 1 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John H. J. Weber

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co. Md.

12-MAIDEN NAME OF MOTHER Mary C. Hartlein

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. H. Weber

(Address) 2612 Fait ave

15- Filed JUL 3 - 1916, 191... ROBERT . KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1916, to July 2nd 1916, that I saw h.. alive on July 2nd 1916, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

..... Whooping Cough .....

..... (Duration) ... yrs. ... mos. 2 1 ds.

CONTRIBUTORY (Secondary) Whooping Cough

..... (Duration) ... yrs. ... mos. 2 1 ds.

(Signed) ..... M. D.

July 3, 1916 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, July 3, 1916

20-UNDERTAKER Zirkler & Zirkler ADDRESS 1739 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96277

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

C96277

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 N Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William O. Hewell

(Residence in Baltimore: No. 1119 N. Gay St.; 61 yrs., 9 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: September (Month) 16 (Day) 1854 (Year)

7-AGE: 61 yrs. 9 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coach.
(b) General nature of industry, business, or establishment in which employed (or employer): Canister

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Wm. Hewell

11-BIRTHPLACE OF FATHER (State or Country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Anna M Thompson

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Hewell

(Address) 1119 N. Gay Street

15- Filed JUL 3 - 1916 — 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1916, to July 7 1916, that I saw h[illegible] alive on July 7/16 191, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Cirrhosis of Liver

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

(Signed) H. F. Gehrmann M. D.

July 8, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery DATE OF BURIAL, July 5th 1916.

20-UNDERTAKER: John J. Cowan. Son. ADDRESS 901 Hollins St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96278 91 C96278

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 518 Huyeth St. St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Debbelmeyer.

(Residence in Baltimore: No. 518 Huyeth St. St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 1 (Day) (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Pennsylvania.

PARENTS.

10-NAME OF FATHER, John Mc Donald

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Debbelmeyer

(Address) 518 W Fayette St

15- Filed JUL 3 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1- 1916, to July 2 1916; that I saw her alive on July 2 1916, and that death occurred, on the date stated above, at 4 55 m. pm

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Straubinger M.D.

July, 1916. (Address) 68 E Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 5th, 1916.

20-UNDERTAKER John Herman & Son

ADDRESS 901 Hollins St

important. See instructions on back of certificate.

C96279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 96279

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 610 N Mount ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

None

2-FULL NAME Frank Evarnecki.

(Residence in Baltimore: No. 610 N. Mount. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. 15, 1870
(Month) (Day) (Year)

7-AGE, 46 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Mode Shoes

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Evarnecki

(Address) 610 N Mount

15- Filed JUL 3 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Dilation of Heart

Asthenia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(Duration) 7 yrs. mos. ds.

(Signed) W. C. Norris M. D.
(Coroner)

July 3, 1916 (Address) 7 E. N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. None

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? None

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, July 4, 1916

20-UNDERTAKER J J Conway Son ADDRESS 94 Hollins

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96280

CERTIFICATE OF DEATH.

64 C96280

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N. Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Trieber Triebert

(Residence in Baltimore: No. 9 N. Mount st St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) (Day), 1868 (Year)

7-AGE, 47 yrs. 8 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Triebert

11-BIRTHPLACE OF FATHER (State or Country), Germy

12-MAIDEN NAME OF MOTHER Martha Stute

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. H. Klase

(Address) 2832 St Paul st

15- Filed JUL 3 - 1916, 191. ROBERT F. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1916, to July 2 1916, that I saw her alive on July 1 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) W. Raymond Lund M. D.

July 3, 1916. (Address) 626 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County DATE OF BURIAL, July 4, 1916.

20-UNDERTAKER Jos Sweetens Son ADDRESS 2173 E. Pac

Important. See instructions on back of certificate.

B 096281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

096281

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1334 Whatcoat ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Columbia Hatton.

(Residence in Baltimore: No. 1334 Whatcoat St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col.	Married

6-DATE OF BIRTH, Apr. (Month) 9 (Day), 1890 (Year)

7-AGE, 26 yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Richard Houtons

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah J. Hutchins

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Brown

(Address) 1334 Whatcoat.

15- Filed JUL 4 - 1916, 191.... ROBERT . KRAUTH, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH July 2 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia
(Lobar)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs....mos....ds.

(Signed) H. Wellington M. D.
(Coroner)

July 3, 1916. (Address) 519 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, July 4, 1916

20-UNDERTAKER Joseph a Farrell

ADDRESS 2319 Division

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96282 C96282

REGISTERED NO. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Richmond ST.; 11 WARD)

2-FULL NAME Mary Caroline Johnson

(Residence in Baltimore: No. 207 Richmond St.; ... yrs., ... mos. ... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Mar'd

6-DATE OF BIRTH, May 10th, 1914 (Month) (Day) (Year)

7-AGE, 2 yrs. 2 mos. 21 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Frank Johnson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Carrie Allen

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Johnson

(Address) 207 Richmond St

15 Filed JUL 4 - 1916, 191... ROBERT . KRAUSE, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July 2d, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 10th, 1916, to July 2d, 1916, that I saw h... alive on July 2d, 1916, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Pseudo Leukemia Anemia

(Duration) ... yrs. 2 mos. 21 ds.

CONTRIBUTORY (Secondary) Congenital Lues

(Duration) ... yrs. 2 mos. 21 ds.

(Signed) A. Lee Ellis M. D.

July 2 1916 (Address) 924 Mad... Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Metairie Cem

DATE OF BURIAL, ..., 191...

20-UNDERTAKER Belair & Pape

ADDRESS 1128 Eutaw

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96283 C96283

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Haugow Alley St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Cook

(Residence in Baltimore: No. 604 Haugrove St.; yrs. mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Bl.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 24 (Day), 1916 (Year)

7-AGE, yrs. mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), 604 Haugrow Alley

PARENTS.

10-NAME OF FATHER, Frank Cook

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Louisa Smith

13-BIRTHPLACE OF MOTHER (State or Country), 604 Haugrow alley

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank L. Cook

(Address) 604 Haugrove alley

15- Filed JUL 4 - 1916, 191 ROBERT A. KRAUSER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 1916, to July 3 1916, that I saw h[illegible] alive on July 3 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

7/3/, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Arbor Cemetery

DATE OF BURIAL, July 4., 1916.

20-UNDERTAKER Fidelity Bryt

ADDRESS 1028 Hanlbury

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96284

CERTIFICATE OF DEATH.

145

C96284

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S. Sharp ST.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa M. Quante

(Residence in Baltimore: No. 422 S. Sharp St.; 65 yrs., 11 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, August (Month) 17th (Day), 1850 (Year)

7-AGE, 65 yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Not any
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City.

PARENTS.

10-NAME OF FATHER, George Schnab

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hannah Baumann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Haas

(Address) 422 S. Sharp St.

15- JUL 4 - 1916 ROBERT F. KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13th 1916, to July 2nd 1916, that I saw her alive on July 2nd 1916, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Incompetency

(Duration) 3 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Elephantiasis

(Duration) 8 yrs. mos. ds.

(Signed) J. F. Johnson M. D.

July 3rd, 1916 (Address) 1701 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery | DATE OF BURIAL, July 4th, 1916

20-UNDERTAKER Mrs. Mrs. John H. Teufel | ADDRESS 201 E. Fayette St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96285 C96285

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Simpson St.; 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Jackson

(Residence in Baltimore: No. 2827 Simpson St.; 1 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (*Write* the word.) Single

6-DATE OF BIRTH, 1 (Month) 12 (Day), 1916 (Year)

7-AGE, ...yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Maryland

PARENTS.

10-NAME OF FATHER, William Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rachel Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Jackson

(Address) 2827 Simpson St

15- JUL 4 - 1916 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 2 1916, that I saw him alive on July 1 1916, and that death occurred, on the date stated above, at 12 o'clock m.

The CAUSE OF DEATH was as follows: Infantile convulsions

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Teething and Gastro Enteritis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) H. Garland Lilienthal M. D.

July 3, 1916. (Address) 1534 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, July 4, 1916

20-UNDERTAKER W R A Elliott

ADDRESS 506 East

important. See instructions on back of certificate.

C96286

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96286

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

REGISTERED No. C 1175

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Parks

(Residence in Baltimore: No. ~~Towson~~ Mercy Hospital St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	white	single

6-DATE OF BIRTH, June 12 1914, 1
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel A. Parks

11-BIRTHPLACE OF FATHER (State or Country). Towson Md

12-MAIDEN NAME OF MOTHER Bessie Dunphy

13-BIRTHPLACE OF MOTHER (State or Country). Towson Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Dunphy

(Address) Towson

15- ROBERT [illegible]
Filed JUL 4 - 1916 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intra Cranial Hemorrhage
Probable Fract. Skull
Accidental (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis respiratory Center
(Duration) yrs. mos. ds.

(Signed) H. F. Kelly M. D.
(Coroner.)
July 3, 1916. (Address) 1639 E Lanv

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 2 ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death? Towson Md
Former or usual residence Towson Md

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Prospect Hall Cem	July 4, 1916
20-UNDERTAKER	ADDRESS
John Burns Sons	Towson

CAUSE OF DEATH to be plainly written, so that it may be properly coded. Each question must be answered or the certificate will be returned for correction. Use black ink. Please write plainly. Do not use pencil. Be particular and write correctly. Do not abbreviate. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96287 64 C96287

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. 10 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nora Coyle

(Residence in Baltimore: No. Little Sisters of the Poor St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ..., 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), County Clare Ireland

PARENTS.

10-NAME OF FATHER, — Larrigan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Sister M. Benedict

(Address) Little Sisters of the Poor

15- Filed JUL 4 - 1916, 191. ROBERT P. KRAUSER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2nd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191, to 191,
that I saw her alive on July 2 1916,
and that death occurred, on the date stated above, at 1. P. m.
The CAUSE OF DEATH* was as follows:

Apoplectic convulsions

1 day (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
July 2, 1916 (Address) Mt. Valley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 5 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, July 4th, 1916.

20-UNDERTAKER W. B. Crothers ADDRESS 2 N. Fulton Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C96288

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Ensor ST.; 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline A. Zittinger

(Residence in Baltimore: No. 1223 Ensor st St.; 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, December 5th (Month) (Day), 1857 (Year)

7-AGE, 58 yrs. 6 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pleasantville Balto Co

PARENTS.

10-NAME OF FATHER, George F Hauser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rebecca Emrine

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H Zittinger

(Address) 1223 Ensor st

15- Filed JUL 4 - 1916, 191... ROBERT . KRAUSER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1916, to July 2nd 1916, that I saw h[illegible] alive on July 2nd 1916, and that death occurred, on the date stated above, at 1105 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Paralysis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (Gen)

(Duration) 1 yrs. mos. ds.

(Signed) J. [illegible] Bond M. D.

7/3, 1916 (Address) 254 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, July 5th, 1916.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument st

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(96289) (96289)

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 N. Fremont ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Levin Ridout

(Residence in Baltimore: No. 1309 N. Fremont St.; 1 yrs., mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, June 25 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Levin Ridout

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Katie Elliott

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Levin Ridout

(Address) 1309 N. Fremont St.

15- Filed JUL 4 - 1916 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3 21 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1916, to July 3 1916, that I saw h im alive on July 3 1916, and that death occurred, on the date stated above, at 3 30 p m.

The CAUSE OF DEATH* was as follows:

Bronchio. pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Paul Brown M. D.

July 2, 1916. (Address) 1837 Penna. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pet Cemetery — DATE OF BURIAL, July 3, 1916

20-UNDERTAKER Wm. Carter — ADDRESS 916 Pa - ave

Important. See instructions on back of certificate.

C96290

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96290

CERTIFICATE OF DEATH.

13

169

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 835 E. Bond St. St. foot of Bond St. WARD) 2

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Orzechowski

(Residence in Baltimore: No. 835 E. Bond St St. 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White Polish	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
7 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Detroit Michigan

PARENTS.

10-NAME OF FATHER, Leopold Orzechowski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Ludvisha

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leopold Orzechowski

(Address) 835 E. Bond St

15- JUL 4 - 1916 ROBERT . KRAUSS
Filed ....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D.
(Coroner.)
July 7, 1916. (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus.

DATE OF BURIAL, July 4th 1916

20-UNDERTAKER, W. F. Sadowski

ADDRESS 905 S. Ann St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C96291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 REGISTERED NO. C 96291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 ~~Sorgeant~~ St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Agnes Leidig

(Residence in Baltimore: No. 1209 Sorgeant St. St.; ...yrs., 5/6 mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write Word)
Fem	White	Single

6-DATE OF BIRTH, Nov. (Month) 19 (Day), 1900 (Year)

7-AGE 15 yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Fred. Leidig

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Catherine Feit

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Leidig

(Address) 1209 Sorgeant St.

15- JUL 4 - 1916 Filed ..., 191... ROBERT . KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to July 2 1916, that I saw her alive on July 2 1916, and that death occurred, on the date stated above, at 2 45P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart.

(Duration) ... yrs. ... mos. 1 ds.

(Signed) E. V. Cordell M. D.

7/3/16 191... (Address) 724 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, July 5, 1916

20-UNDERTAKER John C Morain

ADDRESS Court & Lanvale

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96292

CERTIFICATE OF DEATH.

28 C96292

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 Kenwood Av ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margareth Rasch

(Residence in Baltimore: No. 724 N. Kenwood Av St.; 47 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb. 11, 1869.
(Month) (Day) (Year)

7-AGE, 47 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, John E. Ettel

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Christina Engle

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L Rasch

(Address) 724 N. Kenwood ave.

15-

Filed JUL 4 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to July 2 1916, that I saw her alive on July 1 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Phthisis Pulmonalis

(Duration) 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A Hulsaddes M. D.

7/2/16., 191... (Address) 321 E. 25

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 5., 1916

20-UNDERTAKER Geo M. Frick — ADDRESS 841 N. Wolfe

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C96293

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96293

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 963 N. Washington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbora Mlynska

(Residence in Baltimore: No. 963 N. Washington St. St.; 35 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH. January 14th, 1860 (Month) (Day) (Year)

7-AGE. 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Moravia - Europe

PARENTS.

10-NAME OF FATHER. František Děrda

11-BIRTHPLACE OF FATHER (State or Country). Moravia - Europe

12-MAIDEN NAME OF MOTHER. Marie Kominek

13-BIRTHPLACE OF MOTHER (State or Country). Moravia - Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria Vlasek

(Address) 963 N. Washington St.

15. JUL 4 - 1916 Filed; 191. ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 3, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1916, to July 3 1916, that I saw h[illegible] alive on July 3 1916, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Pneumonia / Stomach

Clinical Diagnosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) W. J. Kaufman M. D.

July 3, 1916 (Address) 2008 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. July 5, 191.

20-UNDERTAKER Leo M. Finck ADDRESS 811 N. Wolfe

Important. See instructions on back of certificate.

C96294

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

C96294

C96294

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 C96294

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 Abbotteton St.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Bridget Kelley

(Residence in Baltimore: No. 1628 Abbotteton St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Not Known (Month) ....., 1 (Day) ..... (Year)

7-AGE: about 91 years ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: not known

11-BIRTHPLACE OF FATHER (State or country): - -

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr Westbrook

(Address) 1618 Garsuch ave.

15- Filed JUL 4 1916 ROBERT . KRAUSE Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 2d (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28, 1916, to July 2 1916, that I saw her alive on July 1 1916, and that death occurred, on the date stated above, at 1.50 a m.

The CAUSE OF DEATH* was as follows:

Old age

..... (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) Exhaustion

..... (Duration) ..... yrs. ..... mos. one ds.

(Signed) H. Young Westbrook M. D.

July 2 1916. [Address] 1618 Garsuch Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Mary Cemetery Govans. DATE OF BURIAL: July 4th 1916

20-UNDERTAKER: Geo. F. Roth ADDRESS: 1735 Harford ave.

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Any statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT---CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96295 C96295

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE: (No. 1121 Greenmount Av ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Stewart

(Residence in Baltimore: No. 1121 Greenmount Av St.; 50 yrs. .... mos. .... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, June (Month) ..... (Day), 1849 (Year)

7-AGE, 67 yrs. .... mos. .... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Kelly

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Mary Coleman

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Stewart

(Address) 1121 Greenmount Av

15- Filed JUL 4 1916, 191.... ROBERT . KRAUSE Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 3, 1916, that I saw her alive on July 1 1916, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) Rupture of Coronary artery

(Duration) .... yrs. 1 mos. .... ds.

(Signed) Gustav H Wolbrecht M. D.

July 3, 1916. (Address) 1710 Guilford Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, July 5, 1916.

20-UNDERTAKER W Faher & Sons ADDRESS 658 Lafayette Av

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96296 C96296

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 526 Holtzman Court ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Nowakowska

(Residence in Baltimore: No. 526 Holtzman Court St.: 28 yrs., 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 23 (Day), 1887 (Year)

7-AGE, 28 yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaus Zamecki

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Antonina Modrzejewska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaus Zamecki

(Address) 526 Holtzman Court

15- Filed JUL 4 - 1916, 191.... ROBERT A. KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to July 2 1916, that I saw h[illegible] alive on July 1 1916, and that death occurred, on the date stated above, at 2.22 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) yrs. mos. 2 ds.

(Signed) W. J. Zamecki M. D.

July 4, 1916 (Address) 708 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 5 1916

20-UNDERTAKER William Fiallowski — ADDRESS 1618 Eastern Ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96297 151 C96297

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 834 S Paca St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys Julia Herrmann

(Residence in Baltimore: No. 834 S Paca St.; 1 yrs. 3 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Mar (Month) 9 (Day), 1916 (Year)

7-AGE: 3 yrs. 3 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: 0
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE (State or country): Md Balto

PARENTS

10-NAME OF FATHER: Michael Herrmann

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Rosa G Fitch

13-BIRTHPLACE OF MOTHER (State or country): U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Michael Herrmann

(Address) 834 S Paca St

15 JUL 4 - 1916 ROBERT . KRAUSER, Filed ..... 191 Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27, 1916 to July 3 1916, that I saw her alive on July 3 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ..... yrs. 1 mos. ..... ds.

Contributory (SECONDARY) Enteritis

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Bernard L Grauer M. D.

July 3, 1916 [Address] 1717 Edmondson Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemy | DATE OF BURIAL: July 5th, 1916

20-UNDERTAKER: Jas Joerdens Son | ADDRESS: 2038 S. Paca

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C96298 C96298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Warner ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Windisch

(Residence in Baltimore: No. 704 Warner St.: 4 yrs., 2 mos. 20 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 13 (Day), 1912 (Year)

7-AGE, 4 yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, George Windisch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Bertha Richter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Windisch

(Address) 704 Warner St.

15- Filed JUL 4 - 1916, 191 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1916, to July 3 1916, that I saw him alive on July 3 1916, and that death occurred, on the date stated above, at 10¾ p.m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. M. Deberett M. D.

July 4, 1916 (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery DATE OF BURIAL, July 4, 1916

20-UNDERTAKER Jos. Joerdens & Son ADDRESS 217 S. Paca St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 C96299

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Short

(Residence in Baltimore: No. 921 N. Charles St St.: 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, ? (Month) (Day) 1 (Year)

7-AGE	If LESS than 1 day,
65 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Williams

(Address) 420 Mew St

15- Filed JUL 4 - 1916 191 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1916, to July 7 1916, that I saw her alive on July 7 1916 and that death occurred, on the date stated above, at 10.15 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous Nephritis

(Duration) 15 yrs. mos. ds.

(Signed) Emma E. Magee M. D.

7/7/, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 26 ds. In the State 65 yrs. mos. ds.

Where was disease contracted, if not at place of death? 921 N. Charles St

Former or usual residence 921 N. Charles St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, 7/7/1916.

20-UNDERTAKER Sam'l J. Hemsley

ADDRESS 548 N. Pine

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96300

CERTIFICATE OF DEATH.

151 C96300

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2630 Maryland ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clyde Price Curry Jr

(Residence in Baltimore: No. 2630 Maryland ave St.; ..... yrs., 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, ... Jan. (Month) 17 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 5 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Clyde Price Curry

11-BIRTHPLACE OF FATHER (State or Country) White Hall Balt Co

12-MAIDEN NAME OF MOTHER Anna Catherine Schwaigert

13-BIRTHPLACE OF MOTHER (State or Country) Easton Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna Curry

(Address) 2630 Maryland ave

15- Filed JUL 4 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to July 4 1916, that I saw h[illegible] alive on July 4 1916, and that death occurred, on the date stated above, at 1 22 m.

The CAUSE OF DEATH* was as follows:

..... Eclampsia .....

..... (Duration) ..... yrs. Few Hours mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis

..... (Duration) ..... yrs. 2 wks mos. ..... ds.

(Signed) L A Richardson M. D.

July 4 191.6 (Address) 112 W. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	July 6, 191.6
20-UNDERTAKER Jno Leach	ADDRESS 926 E North ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96301 C96301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 E 27th St. ST.; 17 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Martin Miller

(Residence in Baltimore: No. 407 E 27th St. St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 7th, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. ..... mos. 27 da. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas J. Miller

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nellie C. Bain

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Miller

(Address) 407 E 27th St.

15- Filed JUL 5 - 1916, 191... ROBERT , KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3rd 1916, to July 4th 1916, that I saw h— alive on July 4th 1916, and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

Gastro-Enterocolitis

..... (Duration) ..... yrs. ..... mos. 6 da.

CONTRIBUTORY (Secondary) Whooping Cough

..... (Duration) ..... yrs. 1 mos. ..... da.

(Signed) Geo. H. Traugott M.D.

July 4th, 1916. (Address) 2537 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, July 6th, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E Fayette

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96302 C96302

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 411 N. Carey st St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Anna Henderson

(Residence in Baltimore: No. 411 N. Carey st St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: July 9, 1852 (Month) (Day) (Year)

7-AGE: 63 yrs. 11 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: George Henderson

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Elizabeth Tyree

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Margaret Henderson

(Address) 411 N. Carey st

15. Filed JUL 5 - 1916 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1916 to July 4 1916 that I saw h alive on July 4, 1916, and that death occurred, on the date stated above, at 4-30 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Coma

(Duration) yrs. mos. 3 ds.

(Signed) C.O. Muse M. D.

7/4, 1916 (Address) 1034 Edmondson Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Kilmarnock Va — DATE OF BURIAL: July 5, 1916

20-UNDERTAKER: Chas. E. Toomey — ADDRESS: 802 Madison Av

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96303

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96303

13

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 So. Bethel St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Barnes

(Residence in Baltimore: No. 309 So. Bethel St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ..., 1 (Month) (Day) (Year)

7-AGE 52 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Invalid, House
(b) General nature of industry, business, or establishment in which employed (or employer)..... work

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Barnes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Robinson

(Address) 309 So. Bethel St

15- JUL 5 - 1916 Filed....., 191... ROBERT , KRAMER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1916, to July 3 1916, that I saw h[illegible] alive on July 3 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

3 Months (Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

3 months (Duration) ....yrs.....mos.....ds.

(Signed) Edward Dishu M. D.

July 3., 1916 (Address) 1617 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Asbury — DATE OF BURIAL, July 5, 1916.

20-UNDERTAKER John W Henderson — ADDRESS 317 N Caroline

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 (98304) 64 (98304)

REGISTERED No. C .....

(PLACE OF DEATH

CITY OF BALTIMORE (No. 2 Spring St Bellevue Jan 21 Sun ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Johnson

(Residence in Baltimore: No. 347 S. Spring St St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Negro	widower

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, ..15.. yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rachel Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Stevens

(Address) 347 S. Spring St

15- Filed JUL 5 - 1916, 191.... ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stenosis Esophagus

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Apoplexy presumed not Cerebral Hemorrhage (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Stevens Egan Smallwood M. D. (Coroner.)

July 3, 191.6 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, July 5, 1916

20-UNDERTAKER John W. Henderson

ADDRESS 314 Caroline

CAUSE OF DEATH is from family, or if any be property claimed. See statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96305 C96305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 E. North Ave St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Jenkins

(Residence in Baltimore: No. 425 E. North Ave St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July 4th, 1859 (Month) (Day) (Year)

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Pilot
(b) General nature of industry, business, or establishment in which employed (or employer). Md. Pilots Assn.

9-BIRTHPLACE, (State or Country). Balto.

PARENTS.

10-NAME OF FATHER. Wm H. Jenkins

11-BIRTHPLACE OF FATHER (State or Country). Balto.

12-MAIDEN NAME OF MOTHER. Catherine Laurence

13-BIRTHPLACE OF MOTHER (State or Country). Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie A. Jenkins

(Address) 425 E. North Ave.

15- JUL 5 - 1916 ROBERT . KRAUTER Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 4 (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16 1916, to July 3 d 1916, that I saw him alive on July 3 d 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Laryngis

Pharyngis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonalis

(Duration) yrs. mos. ds.

(Signed) Edmund Dillon Revell M. D.

July 4, 1916 (Address) 208 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL. July 7, 1916.

20-UNDERTAKER Chas. P. Ware & Son ADDRESS 118 North Royal Ave

important. See instructions on back of certificate.

B C96306

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C96306

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 407 Glen Edwards Av ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonia C Chiurco

(Residence in Baltimore: No. 407 Glen Edward Av St.; 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Jan. (Month) 15 (Day) 1860 (Year)

7-AGE: 56 yrs. 5 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Italy

PARENTS

10-NAME OF FATHER: Asked & not Known

11-BIRTHPLACE OF FATHER (State or country): Asked & not Known

12-MAIDEN NAME OF MOTHER: Asked & not Known

13-BIRTHPLACE OF MOTHER (State or country): Asked & not Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Kate Chiurco

(Address) 407 Glen Edward Av

15- ROBERT . KRAUTER Burial Permit Clerk

Filed JUL 5 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 4 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5, 1916, to July 4 1916, that I saw h... alive on July 4 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Ethanitus

3 wks

(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) ..... yrs 6 mos. ..... ds.

(Signed) L A Richardson M. D.

July 5 1916 [Address] 1124 W. 25th St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Vincent — DATE OF BURIAL: July 4, 1916

20-UNDERTAKER: A Bittenbender — ADDRESS: 3539 Fall Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96307

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C96307

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 Homestead ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. De Haven

(Residence in Baltimore: No. 1147 Homestead St.; 27 yrs. 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 10, 1889 (Month) (Day) (Year)

7-AGE, 27 yrs. 1 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Charles C. Seckle

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Annie B. Shipley

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie De Haven

(Address) 1147 Homestead

15. JUL 5 - 1916 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25 1916, to July 3 1916, that I saw h[illegible] alive on July 3 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary + Intestinal Tuberculosis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Alan B Freeman M. D.

July 5, 1916 (Address) 718 N Patterson Pk.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, July 6, 1916

20-UNDERTAKER Henry Hoeck Son

ADDRESS 1301 E Eager St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96308 C96308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 N. Dallas ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry E. Leach

(Residence in Baltimore: No. 1009 N. Dallas St.; 22 yrs. 10 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, August 25, 1893
(Month) (Day) (Year)

7-AGE, 22 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver for
(b) General nature of industry, business, or establishment in which employed (or employer): Dairy

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Benjamin F. Leach

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Cantwell

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Cantwell

(Address) 1009 N. Dallas St.

15- Filed May 5 1916, 191.. ROBERT KRAUTER, Sanitary Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4th, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 28th, 1916, to July 4th, 1916, that I saw h[illegible] alive on July 4th, 1916, and that death occurred, on the date stated above, at 9:9 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. ds.

(Signed) Louis B. A. Meyer M. D.

July 5th, 1916. (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, July 6th, 1916

20-UNDERTAKER Henry Hoerle Son — ADDRESS 1301 E. Eager St.

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 C96309 — 79 — C96309

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1207 W. Ostend ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Hobbs

(Residence in Baltimore: No. 1207 Ostend St.: yrs. 52 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	widower

6-DATE OF BIRTH, Dec. 15, 1863 (Month) (Day) (Year)

7-AGE, 52 yrs. 6 mos. 26 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stewart
(b) General nature of industry, business, or establishment in which employed (or employer): Steamboat

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Hobbs

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Bullen

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Kerr

(Address) 1207 Ostend St.

15- Filed JUL 5 - 1916, 191.. ROBERT , KRAUTHER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease (Rheumatic)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation

(Duration) yrs. 10 mos. ds.

(Signed) James M Faulkner M. D. (Coroner.)

July 4, 1916 (Address) 700 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, July 7, 1916

20-UNDERTAKER Henry Hoch & Son — ADDRESS 1301 E. Eagle

CAUSE OF DEATH to be plainly written, and the statements made in all parts of this certificate should be full and accurate. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

C96310

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Brison ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Grayson

(Residence in Baltimore: No. 1129 Brison St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housewife

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Isaiah Butler

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Emma Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Grayson

(Address) 1129 Brison St.

15-

Filed JUL 5 - 1916 191... Burial Permit Issued ROBERT . KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2, 1916, to July 2 1916, that I saw her alive on July 2 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Robert J. Green M. D.

July 5., 1916. (Address) 120½ Augusta St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, July 6 1916

20-UNDERTAKER J. L. Brown

ADDRESS Woodlawn

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96311 120

CERTIFICATE OF DEATH.

C96311

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John St Yewell

(Residence in Baltimore: No. 723 E. Fort Ave St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Feb 27, 1845 (Month) (Day) (Year)

7-AGE, 71 yrs. 4 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) "

PARENTS.

9-BIRTHPLACE, (State or Country), Md. Baltimore

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Yewell

(Address) 723 E Fort Ave

15- Filed JUL 5 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1916, to July 3 1916, that I saw him alive on July 3 1916, and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy of Prostate Gland

(Duration) yrs. mos. ds.

(Signed) Edward B. Smith M. D.

July 3, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 16 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 723 E. Fort Ave

Former or usual residence 723 E Fort Ave

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL, JUL 6 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Annie M. Kramm

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96312

CERTIFICATE OF DEATH.

137

C96312

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Apts. ST.: 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Kramm.

(Residence in Baltimore: No. 19 E. Cross St.: 40 yrs., 8 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, Married

6-DATE OF BIRTH, Oct 22, 1875 (Month) (Day) (Year)

7-AGE, 40 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home M.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Herman Rinhardt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Kramm (Husband)

(Address) 19 E. Cross St.

15- Filed JUL 5 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1916, to July 3 1916, that I saw her alive on July 3 1916, and that death occurred, on the date stated above, at 8a. m.

The CAUSE OF DEATH* was as follows: Leukemia following Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) yrs. mos. 20 ds.

(Signed) Geo. M. Kramm M. D.

July 3., 1916. (Address) Franklin Sq. Apts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 19 E Cross St.

19-PLACE OF BURIAL OR REMOVAL, BALTIMORE CEMETARY. DATE OF BURIAL, JUL 6 - 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS, 715 Light

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C96313

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 N Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeronie Dorsey

(Residence in Baltimore: No. 203 N. Mount St.; ....yrs. ....mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Boy

4-COLOR OR RACE, black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, June (Month) 25th (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Martha Hall

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Cure

(Address) 203 N. Mount St

15- Filed JUL 5 - 1916, 191. ROBERT . KRAUSE, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3rd (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to July 3rd 1916, that I saw him alive on July 3rd 1916, and that death occurred, on the date stated above, at 11¼ a.m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Edward H Morgan M. D.

....., 191... (Address) 1500 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, July 5., 1916.

20-UNDERTAKER Edward H. Pye. ADDRESS Calmville Md

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96314 — 80 — Blankner — C96314

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 Russell ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Blankner

(Residence in Baltimore: No. 1021 Russell St.; 57 yrs., 4 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Feb 6, 1859 (Month) (Day) (Year)

7-AGE: 57 yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman Compounder
(b) General nature of industry, business, or establishment in which employed (or employer): Alcohols

9-BIRTHPLACE, (State or Country): Buffalo Ind

PARENTS.

10-NAME OF FATHER: Ferd. Blankner

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Margaret Bergenhorn

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva E. Blankner

(Address) 1021 Russell

15- JUL 5 - 1916 Filed....., 191.... ROBERT , KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: July 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to July 2 1916, that I saw him alive on July 2 1916, and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Ovaries

Chronic Bright's disease

(Duration) yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia Senilis

(Duration) yrs. ..... mos. 1 ds.

(Signed) H. H. Hammon M. D.

July 3, 191.6 (Address) 836 Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: July 5th, 191.6

20-UNDERTAKER: E. Schulman & Son ADDRESS 1039 Hanover St

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

B C96315

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

B C96315 66 C96315

Registered No. C .....

1-PLACE OF DEATH 517 Gold st.

CITY OF BALTIMORE (No. 517 Gold st St.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Williams

(Residence in Baltimore: No. 517 Gold st St.: 55 yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Not known — (Month), — (Day), 1861 (Year)

7-AGE: 55 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: August Yager

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Kate Ostendorf

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gustav Williams

(Address) 517 Gold st.

15. Filed JUL 5 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 3rd, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13th, 191 6, to July 3rd 191 6, that I saw h— alive on July 1st, 191 6, and that death occurred, on the date stated above, at 8-30 a.m.
The CAUSE OF DEATH* was as follows:

Right Hemiplegia
Involving Thoracic

(Duration) — yrs. — mos. 20 ds

Contributory (SECONDARY) Arterio Sclerosis

(Duration) 3 yrs. — mos. — ds.

(Signed), Eleanor Bruce M. D.

July 3rd, 191 6 (Address) 830 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: July 6th, 1916

20-UNDERTAKER: George H. Holland

ADDRESS: 517 Robert st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96316 C96316

CERTIFICATE OF DEATH.

12 40

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital ST.; 6 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M Farlane

(Residence in Baltimore: No. 140 N Hare St. St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, July (Month) 23 (Day), 1855 (Year)

7-AGE, 60 yrs. 11 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Hauler
(b) General nature of industry, business, or establishment in which employed (or employer)..... Carpenter

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, John McFarlane

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Maggie Snyder

(Address) 140 N. Hare St.

15- ROBERT . KRAUTER

JUL 5 1916 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1916, to July 3 1916, that I saw h[illegible] alive on July 3 1916 and that death occurred, on the date stated above, at 1930 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Clinical Symptoms)

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward A. Smith M. D.

July 3, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. 2 mos. 16 ds. In the State Don't Know yrs. mos. ds.

Where was disease contracted, if not at place of death? 140 Hare St

Former or usual residence 140 Hare St

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem DATE OF BURIAL, July 6, 1916.

20-UNDERTAKER Wm F Jones ADDRESS 1811 E Pratt

Important. See instructions on back of certificate.

C96317

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96317

CERTIFICATE OF DEATH.

137

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Ind. Gen. Hospital ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula Durham

(Residence in Baltimore: No. 5-07 Millington Lane St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ~~Dec~~ Nov 14, 1888 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
27 yrs. 6 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hat Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Model Hat

9-BIRTHPLACE, (State or Country): Balto., Md

PARENTS.

10-NAME OF FATHER: John Durham

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Susan Martin

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 5-09 Millington Lane

15- JUL 5 - 1916 Filed....., 191.... ROBERT . KRAUTH Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) J. Williams M. D. (Coroner)

July 4, 191... (Address) 8 City Hall Sq.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 5 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 5-09 Millington Lane

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, July 7, 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 Northern Ave

CAUSE OF DEATH may be properly entered. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 096318

CERTIFICATE OF DEATH.

91 096318

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 S. Bond. ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Ruk.

(Residence in Baltimore: No. 725 S. Bond St.; 80 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1836 (Year)

7-AGE, 57 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Austria Poland

PARENTS.

10-NAME OF FATHER, Albert Pupa.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Drusd.

(Address) 725 S. Bond St.

15- JUL 5 - 1916 Filed....., 191.... ROBERT J. KRAUSER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3" (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jun 22 1916, to July 3 1916, that I saw h alive on July 3 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Bowels Tumor

(Duration).....yrs.....mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. F. Valentine M. D.

July 3, 1916. (Address) 16 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, S. Stanislaus — DATE OF BURIAL, July 6, 191. 6

20-UNDERTAKER M. F. Sadowski — ADDRESS 405 S. Ann.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96349

CERTIFICATE OF DEATH.

C96349

REGISTERED No. C 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Harlem Ave. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Monohan.

(Residence in Baltimore: No. 1722 Harlem Ave. St.; Lifetime. yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married.

6-DATE OF BIRTH, Jan. 27th. (Month) (Day), 1869 (Year)

7-AGE, 47 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Policeman.
(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Police Dept.

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Patrick Monohan

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Monohan

(Address) 1722 Harlem Ave.

15- Filed JUL 5 - 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Living 191.., to Part 3 fm 191.., that I saw h[illegible] alive on July 5th 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

His death was due to
Chronic Nephritis & Arterio
Sclerosis of about 3 yrs.
duration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

.... (Duration) yrs. mos. ds.

(Signed) C. L. Davis M. D.

July 5, 1916 (Address) 524 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, July 8 191.6

20-UNDERTAKER Chas. H. Crane & Son 118 ADDRESS W. Mt. Royal Ave.

Important. See instructions on back of certificate.

C96320 HEALTH DEPARTMENT--CITY OF BALTIMORE C96320

B 67

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 405 N. Shroeder ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Backer

(Residence in Baltimore: No. 405 N. Shroeder St.; 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: ~~July~~ Feb. ~~17~~ 17 — 1832
(Month) (Day) (Year)

7-AGE: 84 yrs. 4 mos. 16 ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: — Becker

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Elizabeth Backer

(Address) 405 N. Shroeder St.

15- Filed JUL 5 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 3, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1916, to July 3 1916, that I saw her alive on July 2, 1916, and that death occurred, on the date stated above, at 2-45 a. m.

The CAUSE OF DEATH* was as follows: General Paresis

Senility

(Duration) 2 yrs. ... mos. ... ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) Unknown yrs. ... mos. ... ds.

(Signed) Frances A. Carpenter M. D.

July 3, 1916 (Address) 210 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. — In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: July 5, 1916

20-UNDERTAKER: W. J. Dickenson Son — ADDRESS: North Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96321 C96321

104

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1156 Columbia Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Velma J. Byron

(Residence in Baltimore: No. 1156 Columbia Ave St.; ——yrs., 10 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Sept (Month) 3 (Day), 1915 (Year)

7-AGE: ——yrs. 10 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Nicholas C Byron

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Maud In Smith

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Maud In. Smith

(Address): 1156 Columbia Ave

15- Filed JUL 5 - 1916, 191.... Registrar.

DARBY T. ABERNETHY
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 4 1916, that I saw h[illegible] alive on July 4 1916, and that death occurred, on the date stated above, at 6 5 m.

The CAUSE OF DEATH* was as follows:

Enteritis - acute

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Enteritis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Edw Cumbahee M. D.

July 5, 191.6 (Address) 917 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: July 6., 1916.

20-UNDERTAKER: John F. Fields — ADDRESS: 1200 Lanvale St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96322 C96322

CERTIFICATE OF DEATH.

B 76

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine E Linsenmeyer

(Residence in Baltimore: No. Winfield + Dalrymple Aves. St.; yrs., 10 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August 9, 1915 (Month) (Day) (Year)

7-AGE, ~ yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Geo. A. Linsenmeyer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catherine E. Mehling

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- Filed JUL 5 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to July 4 1916, that I saw her alive on July 4 1916, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arts Nebr. + Pyelonephritis

(Duration) yrs. 2 mos. ds.

(Signed) Gilbert W. Rosenthal M. D.

July 4, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State 10 yrs. 25 mos. ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence Winfield + Dalrymple Aves.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, July 6, 1916

20-UNDERTAKER Henry W. Ellers & Son

ADDRESS 1053 N. Calvert St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96323 C96323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B x 81

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Brien

(Residence in Baltimore: No. Md General Hospital St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Fisherman

9-BIRTHPLACE, (State or Country), Michigan

PARENTS.

10-NAME OF FATHER, Andrew Brien

11-BIRTHPLACE OF FATHER (State or Country), Michigan

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Md Gen'l Hospital

(Address) Madison + Linden

15-

JUL 5 1916 191.. HENRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to July 5, 1916, that I saw h[illegible] alive on July 5 1916, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis
+ Cardiac Incompetency
General Senility

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Hawkins M. D.

7-5, 191.6 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 7 Hanover Ave Govans Md

19-PLACE OF BURIAL OR REMOVAL, Lansing Michigan DATE OF BURIAL, July 6, 1916

20-UNDERTAKER William Cook ADDRESS 502 E North Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96324

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S. Wolf ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Patz (Mary Patz)

(Residence in Baltimore: No. 422 S. Wolf St.; ....yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 3 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 2 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Patz

11-BIRTHPLACE OF FATHER (State or Country), Poland Russia

12-MAIDEN NAME OF MOTHER Ann Lewandowski

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Frank Patz.....

(Address)...422 S. Wolf St.....

15- JUL 5 - 1916 Filed....., 191.... HARRY C. ARRENTS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1916, to July 4 1916, that I saw h[illegible] alive on July 4 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....Prematurity & Debility.....

..... (Duration)....yrs....mos....1....ds.

CONTRIBUTORY (Secondary) Prematurity Birth

..... (Duration)....yrs....mos....ds.

(Signed)...H. Winters Phi...M. D.

July 5, 1916. (Address)...722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 6, 1916

20-UNDERTAKER William Fiszkowski ADDRESS 168 Eastern

Important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

(96325)

CERTIFICATE OF DEATH.

x 105 - 96325

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Miller

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 20, 1882 (Month) (Day) (Year)

7-AGE, 33 yrs. 10 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Case maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Augustus Miller

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Jennie Kenley

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- HARRY C. ANDREWS Registrar.

Filed ....., 191.... Burial Permit Issued

JUL 5 - 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1916, to July 4 1916, that I saw him alive on July 4 1916, and that death occurred, on the date stated above, at 9 31 p. m.

The CAUSE OF DEATH* was as follows:

Gastric Duodenal Ulcer

(Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) General Peritonitis

(Duration) 0 yrs. 0 mos. 4 ds.

(Signed) Harvey Huston Russell M. D.

July 4, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. 10 ds.

Where was disease contracted, if not at place of death? "

Former or usual residence Mill Hall Pa

19-PLACE OF BURIAL OR REMOVAL, Lock Haven Pa | DATE OF BURIAL, July 5, 1916

20-UNDERTAKER Albert C Fuller | ADDRESS 221 N Broadway

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96326 151 C96326

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby McCoy

(Residence in Baltimore: No. Mercy Hospital St.; ... yrs., ... mos., 3 hrs, ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, July (Month) 3 (Day), 1916 (Year)

7-AGE, ... yrs. ... mos. ... ds. If LESS than 1 day, 3 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Mercy Hospital

PARENTS.

10-NAME OF FATHER, Jefferson McCoy

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Daisy Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jefferson McCoy

(Address) 1724 McCulloh St.

15- Filed JUL 5 - 1916, 191... HARRY C. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1916, to July 3 1916, that I saw h er alive on July 3 1916, and that death occurred, on the date stated above, at 9.15 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity

... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edward P. Smith M. D.

July 3..., 191.6 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL, JUL 5 - 1916, 191...

20-UNDERTAKER ADDRESS

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96327 C96327

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Chase

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., 1 hr mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) ✓

6-DATE OF BIRTH, July (Month) 1 (Day), 16 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ~~..... hrs.~~ or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Harvey Chase.

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Maggie Brown.

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- JUL 5 - 1916 HARRY C. ANDRUS

Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 191 6, to July 1 191 6, that I saw her alive on July 1 191 6, and that death occurred, on the date stated above, at 5:45 P.M.

The CAUSE OF DEATH* was as follows:

.....

Premature birth

.....

..... (Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Smith M. D.

7/2/, 191 6 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

JUL 5 - 1916 UNIVERSITY OF MARYLAND

FOR ANATOMICAL PURPOSES

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96328 C96328

CERTIFICATE OF DEATH.

B 150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Brager

(Residence in Baltimore: No. 17 Patterson Park Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 6 / 29, 16 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 4 ds.

If LESS than 1 day, 2 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Heiman Brager

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Kanshenn

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- JUL 5 - 1916

Filed ....., 191... HARRY C. AHRENS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 / 29 / , 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/29/1916, to 6/29/1916, that I saw h[illegible] alive on 6/29/1916, and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Absence of skull,

(Accidental)

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. Lewy M. D.

6/29/, 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? 17 Patterson Park Ave

Former or usual residence "

19-PLACE OF BURIAL OR REMOVAL, Hebrew Cemetery

DATE OF BURIAL, JUL 7 - 1916, 191...

20-UNDERTAKER

ADDRESS

Commissioner Health.

important. See instructions on back of certificate.

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96329 **CERTIFICATE OF DEATH.** 151 C96329

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2005 Keyser St. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Olives.

(Residence in Baltimore: No. 2005 Keyser St. St.; ~~yrs.~~ ~~mos.~~ 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. Bl.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, July 1, 1916
(Month) (Day) (Year)

7-AGE, ~~yrs.~~ ~~mos.~~ 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). 2005 Keyser St

PARENTS.

10-NAME OF FATHER. Lloyd Olives.

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Flora Cadlin

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed JUL 5 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 191 6, to July 1 191 6, that I saw her alive on July 1 191 6, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Emma E. Meagher M. D.

7/3, 1916. (Address) Lucy, Md. R.F.D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96330 C96330

CERTIFICATE OF DEATH.

78

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Summers (Summers)

(Residence in Baltimore: No. 710 S. High St St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	single

6-DATE OF BIRTH. April (Month) 19 (Day), 1872 (Year)

7-AGE, 44 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Colorer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Alger Summer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sue Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- JUL 5 - 1916 Filed....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1916, to June 30 1916, that I saw h(im) alive on June 30 1916, and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Regurgitation

(b)

(c)

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Incontinentia

(Duration) 10 yrs. mos. ds.

(Signed) Edward P. Smith M. D.

6/30/16, 191.. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 45 yrs. mos. ds.

Where was disease contracted, if not at place of death? 710 S. High St

Former or usual residence 710 S. High St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

STATE OF MARYLAND, JUL 5 1916 Commissioner Health.

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96331

HEALTH DEPARTMENT—CITY OF BALTIMORE

13

CERTIFICATE OF DEATH.

37

C96331

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. St. Josephs Hospital St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Butler

(Residence in Baltimore: No. 1123 S. Bethel St. St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, Negro | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., 1
(Month) (Day) (Year)

7-AGE, 74 yrs. .....mos. .....ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, do

11-BIRTHPLACE OF FATHER (State or Country), do

12-MAIDEN NAME OF MOTHER do

13-BIRTHPLACE OF MOTHER (State or Country), do

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- JUL 5 - 1916 HARRY C. ANDREWS
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1916, to June 27 1916, that I saw h[illegible] alive on June 27 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Dy Phthisis

.....

.....

..... (Duration) ? yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Syphilitic Mycosis

Intis (Duration) ? yrs. .....mos. .....ds.

(Signed) T. McCullough M. D.

June 27 1916 (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. 1 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1123 S. Bethel St.

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

Morgue

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

C96332 C96332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 27 Jewish Hospital St.; W Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Fuchs

(Residence in Baltimore: No. 1643 Lemmon St.; 42 yrs., 5 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
M	White	Married

6-DATE OF BIRTH, January 10, 1874
(Month) (Day) (Year)

7-AGE, 42 yrs. 5 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Book Keeper,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore,

PARENTS.

10-NAME OF FATHER. Hans Fuchs,

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Magdalena Strauss

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Fuchs,

(Address) 325 N Calhoun

15- Filed JUL 5 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest on the body thereof and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis,
2. Chronic Alcoholism
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture right Ankle, Fell fall on pavement
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)
191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 645 Hanover St

19-PLACE OF BURIAL OR REMOVAL, London Park, DATE OF BURIAL, July 7, 1916

20-UNDERTAKER George J Smith ADDRESS 1000 Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Mary F Johnston

Spec.—8-24-14—M. & T.—2000 Bks.

Mary F Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96333 C96333

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 St James St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F Johnson

(Residence in Baltimore: No. 1219 St James St. — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May 24, 1883 (Month) (Day) (Year)

7-AGE, 33 yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): private family

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Steven Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ella Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Johnson

(Address) 1219 St James St

15- JUL 5 - 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to July 4 1916, that I saw h[illegible] alive on July 3 1916, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Heart

(Duration) ....yrs. ....mos. 22 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ....yrs. ....mos. 22 ds.

(Signed) Dr. W. H. Leonard M. D.

July 5, 1916 (Address) 708 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Md — DATE OF BURIAL, July 6, 1916

20-UNDERTAKER Charles B. Jones — ADDRESS 235 Pine

important. See instructions on back of certificate.

C96334

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C96334

B

1-PLACE OF DEATH

Registered No. C

CITY OF BALTIMORE (No. St. Anthony's Orphan Asylum St.: 10 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Lahner

(Residence in Baltimore: No. St. Anthonys O.A. St.: 6 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Nov 4th (Month) (Day), 1909 (Year)

7-AGE 6 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Henry Lahner

11-BIRTHPLACE OF FATHER (State or country) Baltimore

12-MAIDEN NAME OF MOTHER Augusta Thiemer

13-BIRTHPLACE OF MOTHER (State or country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister M. Cyrilla S.N.D.

(Address) Hamilton Ohio

15. Filed JUL 5 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July 3 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to July 3 1916,
that I saw h[illegible] alive on July 3, 1916,
and that death occurred, on the date stated above, at 7.45 p. m.
The CAUSE OF DEATH* was as follows:

Convulsions

a few minutes (Duration) yrs. mos. ds

Contributory (SECONDARY) Pneumonia Lobar

3 Days (Duration) yrs. mos. ds.

(Signed) F. C. Haase M. D.

July 3, 1916. (Address) 1135 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. 3 mos. 3 ds. In the State 6 yrs. 8 mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence St Anthony Orphan Asylum

19-PLACE OF BURIAL OR REMOVAL Mt Carmel Cemetery DATE OF BURIAL July 6, 1916

20-UNDERTAKER Christian Miller ADDRESS 2337 Jefferson

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Bks.

C96335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 120 C96335

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 E. Lombard ST.; V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis O. Meyer

(Residence in Baltimore: No. 1805 E Lombard St.; 34 yrs., 6 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December 11, 1881
(Month) (Day) (Year)

7-AGE, 34 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tinner
(b) General nature of industry, business, or establishment in which employed (or employer). Journeyman

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Louis Meyer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary L. Haberkorn

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Meyer

(Address) 1805 E. Lombard St.

15- JUL 5 - 1916 HARRY C. ANDREWS
Filed....., 191.....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 25 1916, to July 4 1916, that I saw h[illegible] alive on July 4 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

fun history

(Duration) 0 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) John F. Gunkans M. D.

July 5, 1916. (Address) 3100 Fairfield

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, July 7, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96336 C96336

151

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE (No. 1450 Stevenson ST.; 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Wilder

(Residence in Baltimore: No. 1450 Stevenson St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem.

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 5th (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. 1 ds.

If LESS than 1 day, 8 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore - Md.

PARENTS

10-NAME OF FATHER: George Washington Wilder

11-BIRTHPLACE OF FATHER (State or country): Baltimore - Md.

12-MAIDEN NAME OF MOTHER: Maggie May Booth

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maggie May Booth

(Address) 1450 Stevenson

15- Filed JUL 6 - 1916 ROBERT , KRAUSE Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1916. to. July 5 1916.
that I saw her alive on July 5 .1916.
and that death occurred on the date stated above, at 1.15 p m.
The CAUSE OF DEATH* was as follows:

Premature birth - 7 mos.

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Burton C. Lapman M. D.

July 5, 1916. (Address) 2733 York Road.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: July 6, 1916

20-UNDERTAKER: Wm J E Ertter Sons — ADDRESS: 1725 E Pratt St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96337 C96337

CERTIFICATE OF DEATH.

12 169

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 24 Hospital Shor St. Spring Garden WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Wilder

(Residence in Baltimore: No. 15 E Fort Ave St.; 20 yrs., 11 mos. 3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 30, 1895
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
20 yrs. 11 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Machine Supply Co.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Henry C Wilder

11-BIRTHPLACE OF FATHER (State or Country) Va

12-MAIDEN NAME OF MOTHER Annie E. Wilkinson

13-BIRTHPLACE OF MOTHER (State or Country) Talbot Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm H C Wilder (Brother)
(Address) 9 W Virginia Ave

15- JUL 6 - 1916 Burial Permit Clerk.
Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Otto M Bernhardt M. D.
(Coroner.)
July 5, 1916 (Address) 1017 S Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetary	July 6, 1916
20-UNDERTAKER Wm J. Dean & Son	ADDRESS 408 N Charles

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96338 13 104 C96338

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Thames ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Astarbi

(Residence in Baltimore: No. 1710 Thames St.; yrs. 6 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Dec 27, 1915 (Month) (Day) (Year)

7-AGE, yrs. 6 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, Vitrol Astarbi

11-BIRTHPLACE OF FATHER (State or Country) Spain

12-MAIDEN NAME OF MOTHER Petra Sarabia

13-BIRTHPLACE OF MOTHER (State or Country) Spain

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vitrol Astarbi

(Address) 1710 Thames St.

15-

Filed JUL 6 - 1916 191

ROBERT . KRAUSE
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to July 4 1916, that I saw h[illegible] alive on July 4 1916, and that death occurred, on the date stated above, at 10.45 p.m.

The CAUSE OF DEATH* was as follows:

Cystitis & enterocolitis

4 4

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. ds.

(Signed) Geo. Keller M. D.

July 5, 191[illegible] (Address) 1937 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, July 6th, 1916.

20-UNDERTAKER M. F. Sadowski ADDRESS 905 S. Ann

important. See instructions on back of certificate.

C96339

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96339

CERTIFICATE OF DEATH

92

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No 3509 Windsor Mill Road St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Hallowell Bonn

(Residence in Baltimore: No. 3509 Windsor Mills Road St.; 8 yrs. 2 mos. 3 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May 1, 1908 (Month) (Day) (Year)

7-AGE: 8 yrs. 2 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimor - Md.

PARENTS

10-NAME OF FATHER: William Euru Bonn

11-BIRTHPLACE OF FATHER (State or country): Baltimor - Md

12-MAIDEN NAME OF MOTHER: Nettie Hallowell

13-BIRTHPLACE OF MOTHER (State or country): Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Euru Bonn

(Address) 3509 Windsor Mill Road

15. ROBERT J. KRAUSE
Burial Permit Clerk
JUL 6 - 1916
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1916, to July 4 1916, that I saw h.r alive on July 3, 1916, and that death occurred, on the date stated above, at 2-45 Am.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 59 ds

Contributory (SECONDARY) Cerebral Congestion

(Duration) — yrs. — mos. 9 ds.

(Signed) John J. Young M. D.

July 4, 1916 (Address) 1425 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL: July 6, 1916

UNDERTAKER: Joseph B Cook

ADDRESS: 1003 d Balto. St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96340 C96340

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 239 S. Chapel ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Bacigalupa

(Residence in Baltimore: No. 239 S. Chapel St.; ..yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 5th (Day), 1916 (Year)

7-AGE, ..yrs. ..mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Jos. Bacigalupa

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Cuneo

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Bacigalupa

(Address) 239 S. Chapel st.

15 JUL 6 - 1916 Filed....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to July 5 1916, that I saw h.. alive on July 5 1916, and that death occurred, on the date stated above, at 3:20 A. m.

The CAUSE OF DEATH* was as follows:

Immature due to Premature Birth

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY..... (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Jno. L. Valentine M. D.

July 6 1916. (Address) 16 So. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, July 6th, 1916

20-UNDERTAKER Kendall Lippel & Son

ADDRESS 375 Ann

important. See instructions on back of certificate.

B C96341 28 C96341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 648 Hanover St. St.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Foley

(Residence in Baltimore: No. 648 Hanover St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black.	Single

6-DATE OF BIRTH, May 31, 1897
(Month) (Day) (Year)

7-AGE, 19 yrs. 1 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William Foley,

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Georgianna Ford,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgianna Foley,

(Address) 648 Hanover St

15-

Filed JUL 6 - 1916 ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Robert A. Hiscott M. D.
(Coroner.)

July 5, 1916. (Address) 312 N Carrollton Ave,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Metzgar's Lutheran Cemetery	July 7 1916.
20-UNDERTAKER	ADDRESS
Felix B Fitz	1026 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96342 C96342

CERTIFICATE OF DEATH.

13 28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1350 Cleveland St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther Leal

(Residence in Baltimore: No. 1350 Cleveland St.; 2 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 4, 1913 (Month) (Day) (Year)

7-AGE, 2 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, James E. Leal

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Sarah Williams

13-BIRTHPLACE OF MOTHER (State or Country), U.S.A. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James E. Leal

(Address) 1350 Cleveland St

15- Filed JUL 6 - 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to July 3 1916, that I saw h— alive on June 2 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Intestines

(Duration) yrs. mos. 40 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 3 mos. ds.

(Signed) Thos. Wood M. D.

July 5, 191. (Address) 1327 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, July 6, 1916

20-UNDERTAKER John J. Brown & Son — ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96343 C96343

CERTIFICATE OF DEATH.

13 28

1-PLACE OF DEATH U. S. Marine Hosp. REGISTERED No. C

CITY OF BALTIMORE: (No. U S Marine Hosp St.; 37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Andrews.

(Residence in Baltimore: No. U. S. Marine Hospital St.; yrs., mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

~~3-SEX~~ Male | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE, 39 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), St. Helena, Africa

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Statement on admission

(Address)

15- Filed JUL 6 - 1916, 191... ROBERT . KRAUSE, Registrar. Permit Clerk

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1916, to July 6 1916, that I saw him alive on July 5 1916, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Tubercle of lung (1)

(Duration) yrs. mos. 3m ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. F. Mosser M. D.

July 6, 1916 (Address) U.S. Marine Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Unknown.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery | DATE OF BURIAL, July 7 1916

20-UNDERTAKER Emmerth & Son | ADDRESS 367 Cleveland ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96344 170 C96344

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2938 Benard St. St. 17th WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. W. Eaton

(Residence in Baltimore: No. 2938 Benard St

St.; yrs. 66 mos. 1 ds. 25)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married / Single

6-DATE OF BIRTH, June (Month) 1 (Day), 1849 (Year)

7-AGE, 67 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Eaton

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Rebecca Ellis

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Eaton

(Address) 2827 Hamboden Ave

15- ROBERT . KRAUTER, Burial Permit Clerk.

Filed JUL 6 - 1916 191 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) and from Verdict find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Bright's

(Duration) ....yrs. ....mos. ....ds.

(Signed) John J. Mowbray M. D.

(Corner)

July 5 1916 (Address) 263 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baughman's Cem. DATE OF BURIAL, July 7, 1916

20-UNDERTAKER Merrow's & Son ADDRESS 361 Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96345 64 C96345

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3925 Frisby ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Gillespie

(Residence in Baltimore: No. 3925 Frisby St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dont Know (Month) (Day), 1844 (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired Coal trimmer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Gillespie

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Hurley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. F. Gillespie

(Address) 3925 Frisby St.

15- Filed JUL 6 - 1916 —191 ROBERT . KRAUSE, Burial Permit Clerk By Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 4 1916, that I saw h alive on July 4 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Paralysis (Right Side)

(Duration) yrs. mos. 2 ds.

(Signed) John Evans M. D.

191 (Address) 502 Franklin Terrace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemy

DATE OF BURIAL, July 7, 1916

20-UNDERTAKER Wm. Cook

ADDRESS 502 E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96346 C96346

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Montford Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Schulz

(Residence in Baltimore: No. 418 N. Montford Ave St.; ... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, July (Month) 2 (Day), 1916 (Year)

7-AGE, ... yrs. ... mos. 3 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John A. Schulz

11-BIRTHPLACE OF FATHER (State or Country), D. C.

12-MAIDEN NAME OF MOTHER Barbara Herler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Schulz

(Address) 418 N. Montford Ave

15- Filed JUL 6 - 1916, 191 ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1916, to July 5 1916, that I saw her alive on July 5 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth

Seven months

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Placenta Previa

(Duration) ... yrs. ... mos. ... ds.

(Signed) C. C. Heagy M. D.

July 6, 1916. (Address) 7600 Belair Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, July 6 1916

20-UNDERTAKER Fountain Miller — ADDRESS 2334 Jeffries

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

B C96347

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C96347

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826) (ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace E. Parker

(Residence in Baltimore: No. 826 Gorge St.: 24 yrs., 4 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col.	Married

6-DATE OF BIRTH, Feb. (Month) 28 (Day), 1892 (Year)

7-AGE,	If LESS than 1 day.
24 yrs. 4 mos. 6 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Baltimore

PARENTS.

10-NAME OF FATHER, John E. Carter

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Annie White

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Parker

(Address) 826 Gorge St.

15- Filed JUL 6 - 1916, 191... ROBERT ..., Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to July 4 1916, that I saw h e alive on July 3 1916, and that death occurred, on the date stated above, at 4 4 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John T. Shuster M. D.

July 4, 1916 (Address) 206 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, July 6, 1916

20-UNDERTAKER Wm. H. Armistead — ADDRESS 1645 Mosher

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96348 C96348

CERTIFICATE OF DEATH.

79 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 N. Bruce ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Carter

(Residence in Baltimore: No. 646 N. Bruce St.; 15 yrs., 6 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb (Month) 2 (Day), 1901 (Year)

7-AGE, 15 yrs. 6 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm Carter

11-BIRTHPLACE OF FATHER (State or Country), Ft Co Md

12-MAIDEN NAME OF MOTHER, Maggie Needham

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Carter

(Address) 646 N. Bruce

15-

JUL 6 1916 Filed, 191.. ROBERT , KRAUSER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 191 6, to July 4 191 6, that I saw h*er* alive on July 3rd 191 6, and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) — yrs. 3 mos. 25 ds.

(Signed) F. C. Link M. D.

July 5th 1916. (Address) 313 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, July 6, 1916

20-UNDERTAKER Wm H. Prentiss — ADDRESS Washington

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96349 C96349

Spec.—8-24-14—M. & T.—2000 Bks.

C96349 C96349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mardee Bennett

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, Nov. 15, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 7 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Mardee Bennett

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Celia Gorsuch

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St.

15- JUL 6 - 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1916, to July 6 1916, that I saw him alive on July 6 1916, and that death occurred, on the date stated above, at 7.45 A.M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

a Fever

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Typhoid Perforation

(Duration) yrs. mos. ds.

(Signed) Edward L. Leach M. D.

July 6, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? Catonsville Md

Former or usual residence Catonsville Md

19-PLACE OF BURIAL OR REMOVAL Western Star Cem. Balto. DATE OF BURIAL, July 9., 1916.

20-UNDERTAKER Easton Sons ADDRESS Ellicott City Md.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96350 64 C96350

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Staten

(Residence in Baltimore: No. 814 Central Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	Black	Widower

6-DATE OF BIRTH, Not known (Month), 1 (Day) (Year)

7-AGE, 46 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas. M. Staten

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Harriet Mattin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St.

15- Filed JUL 6 - 1916, 191... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 3 1916, that I saw h m alive on July 3 1916 and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Uremia Sclerosis

(Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

July 3, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 64 yrs. mos. ds.

Where was disease contracted, if not at place of death? 814 Central Ave

Former or usual residence 814 Central Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96351

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96351

CERTIFICATE OF DEATH.

x 28

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No.) Maryland Penitentiary, ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Showell

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April - 3, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. 2 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farm
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Laborer

9-BIRTHPLACE, (State or Country), Eddystone, Pa.

PARENTS.

10-NAME OF FATHER, Isaac Showell

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Jane Tindley

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Kinnard

(Address) Maryland Penitentiary

15- JUL 6 - 1916 HARRY C. ANDREW

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June - 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April - 11 1916, to June - 29 1916, that I saw him alive on June - 29 1916, and that death occurred, on the date stated above, at 9.55 P. m.

The CAUSE OF DEATH* was as follows:

..... Ex Louisiana

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY Pulmonary Tuberculosis
(Secondary)

Colitis (Duration) ..... yrs. 2 mos. 18 ds.

(Signed) William F. Stewart M. D.

June 29, 1916. (Address) M. P. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. 7 mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence St. Haleyville P. O. Md.

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL, ..., 191...

20-UNDERTAKER .....

ADDRESS .....

JUL 6 - 1916 HEALTH DEPARTMENT

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96352 — C96352

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 621 E. Chase ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Kirby

(Residence in Baltimore: No. 621 E. Chase St.; 80 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, May (Month) 2 (Day), 1834 (Year)

7-AGE, 82 yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gate Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Government Cemetery

9-BIRTHPLACE, (State or Country), Eastern Md

PARENTS.

10-NAME OF FATHER, Pulkton Kirby

11-BIRTHPLACE OF FATHER (State or Country), Eastern Pa

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Eastern Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ruth Kibler

(Address) 621 E. Chase St.

15- Filed JUL 6 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1916, to July 5 1916, that I saw h im alive on July 5 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Dilated Heart

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Anasarca

(Duration) yrs. 2 mos. ds.

(Signed) W. F. Smith M. D.

July 5, 191 (Address) 1 E. Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. — DATE OF BURIAL, July 7, 1916

20-UNDERTAKER: Reff & Turner — ADDRESS 1442 N. Bdwy

important. See instructions on back of certificate.

13

Spec.—8-24-14—M. & T.—2000 Bks.

C96353 C96353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 138

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Simms

(Residence in Baltimore: No. Consumptive Hospital St.; ... yrs. ... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1885 (Year)

7-AGE,	If LESS than 1 day,
31 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Simms

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Simms

(Address) West River Md.

15- Filed JUL 7 - 1916, 191... ROBERT . KRAUSER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to July 6 1916, that I saw h[illegible] alive on July 6 1916, and that death occurred, on the date stated above, at 3.10 P.M.

The CAUSE OF DEATH* was as follows:

Decompensation of heart

Tuberculosis Abdominalis

(Duration) ... yrs. ... mos. 7 D. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ... yrs. 2 mos. ... ds.

(Signed) Frank C. Marino M. D.

July 6, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 5 ds. In the State 31 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Anne Arundel Co

Former or usual residence Anne Arundel Co

19-PLACE OF BURIAL OR REMOVAL. West River Md. DATE OF BURIAL. July 7., 1916

20-UNDERTAKER E & B Hall ADDRESS 115 E Ussb St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96354 C96354

CERTIFICATE OF DEATH.

× 63+

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Leschinsky.

(Residence in Baltimore: No. (Home) Annapolis Junction Md St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1914 (Year)

7-AGE, 1 yrs. 10 mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Sigmun Leschinsky.

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Catherine Leschinsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Leschinsky

(Address) Annapolis Junction

15- Filed JUL 7 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/1 191 6, to 7/7 191 6, that I saw h er alive on 7/7 191 6, and that death occurred, on the date stated above, at 1235 p m.

The CAUSE OF DEATH* was as follows:

Acute Anterior Polio myelitis

..... (Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry M. Stein M. D.

7/7, 191 6 (Address) Uniformed Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Annapolis Junction (?)

Former or usual residence Annapolis Junction.

19-PLACE OF BURIAL OR REMOVAL, R.C. St Stanislaus

DATE OF BURIAL, July 7, 1916

20-UNDERTAKER John Ebbliauska

ADDRESS 500 S. Paca St.

important. See instructions on back of certificate.

Virginia R. Mattoon

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 (96355) 8 (96355)

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 604 N. Rolande ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Rose Mattoon

(Residence in Baltimore: No. 604 N. Rolande)

St.; yrs., 1 mos. 6a ds. 12

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 19, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles A Mattoon

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Clara Miller Shawn

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 604 N. Rolande

15- FILED JUL 7 - 1916, 191.. ROBERT P. KRAUTH Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pertussis Croup

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Do not Know

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno Wilkinson, M. D.
(Coroner)

July 6..., 1916. (Address) 816 N Eaton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State None ....yrs....mos....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, July 7..., 1916

20-UNDERTAKER Chas E French

ADDRESS 802 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C96356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186 C96356

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles C. Nikal

(Residence in Baltimore: No. 1040 N. Central Ave

St.: 24 yrs., 2 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, April 19, 1892
(Month) (Day) (Year)

7-AGE	If LESS than 1 day, ...hrs. or.....min.?
24 yrs. 2 mos. 19 ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Sheet Ironworker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jno F. Nikal

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Schmeyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno F Nikal

(Address) 1040 Central Ave

15- Filed JUL 7 - 1916, 191... ROBERT , KRAUSS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia
Secondary Shock Gun Shot
caused by rifle bullet wound
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Hemorrhage in brain
(Duration).....yrs.....mos.....ds.

(Signed) W J Riley (Coroner.) M. D.

July 7, 1916. (Address) 1439 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 24 yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Lexington & Liberty Sts

Former or usual residence 1040 N. Central Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	July 10, 1916
20-UNDERTAKER Henry Hoch Son	ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96357 8 C96357

CERTIFICATE OF DEATH.

REGISTERED No. C 2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S. Ann ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura R. Zglinicka

(Residence in Baltimore: No. 232 S. Ann St. St.; 1 yrs., 8 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 15 (Day), 1914 (Year)

7-AGE, 1 yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Antoni Zglinicki

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Helen Pitszykowska

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antoni Zglinicki

(Address) 232 S. Ann St.

15- Filed JUL 7 1916, 191... ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 — 1916, to July 6 — 1916, that I saw h~~er~~ alive on July 6 — 1916, and that death occurred, on the date stated above, at 12.15 m.

The CAUSE OF DEATH* was as follows:

Fever Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Peritonitis —

(Duration) ....yrs. 5 hrs. ....mos. ....ds.

(Signed) M. C. Brown M. D.

July 6..., 1916. (Address) 1255 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 7, 1916

20-UNDERTAKER William Fiallowski

ADDRESS 1618 Eastern Ave.

important. See instructions on back of certificate.

B C96358

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C96358

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 2017 E Hoffman ST.; 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas W Ellenhead

(Residence in Baltimore: No. 2012 E Hoffman St.; yrs. 7½ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH September (Month) (Day) 1840 (Year)

7-AGE 75 yrs. 9 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) House

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Wm Ellenhead

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Drafer

13-BIRTHPLACE OF MOTHER (State or country) Phila Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emily E Ellenhead

(Address) 2012 E Hoffman

15 JUL 7 - 1916 Filed ..... 19.. ROBERT F. KRAMER, Burial Permit Clerk, REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July (Month) 5 (Day) , 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to July 5 1916, that I saw him alive on July 5, 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo E Gunning M. D.

July 6, 1916. (Address) 1531 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Dallas Cemetery — DATE OF BURIAL July 7, 1916

20-UNDERTAKER Robt F Johnson — ADDRESS 1424 Bway

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96359

CERTIFICATE OF DEATH.

79

C96359

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 S. Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Johnson

(Residence in Baltimore: No. 237 S. Dallas St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, unknown (Month), 1 (Day), (Year)

7-AGE, 54 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship's mate
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Horace Whitworth

(Address) 417 S. Caroline St.

15-

Filed JUL 7 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3, 1916, to July 4, 1916, that I saw him alive on July 3, 1916, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

Cardiac Asthenia

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) Gastric Catarrh

(Duration) ...yrs. 1 mos. ...ds.

(Signed) J. C. K. Johnson M. D.

July 6, 1916 (Address) 1520 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury cem'ty

DATE OF BURIAL, July 7, 1916

20-UNDERTAKER John Howens

ADDRESS 1222 Druid

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

B C96360

1 PLACE OF DEATH

40 REGISTERED No. C 96360

CITY OF BALTIMORE (No. 1208 Greenmount Av ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Kaupp

(Residence in Baltimore: No. 1208 Greenmount Ave St.: 59 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: ..... (Month) ....., 1841 (Year)

7-AGE: 75 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Marble cleaner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: John Kaupp

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Kilmyer

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nettie Kaupp

(Address) 1208 Greenmount Av

15 Filed JUL 7 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to July 5 1916, that I saw him alive on July 5, 1916, and that death occurred, on the date stated above, at 6 a. m.
The CAUSE OF DEATH* was as follows:

Cancer Stomach

(Duration) yrs. 9 mos. ds

Contributory (SECONDARY) Cons & Exhaustion

(Duration) yrs. 2 mos. 5 ds.

(Signed) Jno Robinson M. D.

July 6, 1916 (Address) 726 E Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: July 7th 1916

20-UNDERTAKER: M Fahey & Sons | ADDRESS: 606 Lafayette Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96361

CERTIFICATE OF DEATH.

40 C96361

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 859 Woodward St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Hammann

(Residence in Baltimore: No. 859 Woodward St.; 36 yrs., 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 19, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 3 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Hammann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine M. Hammann

(Address) 859 Woodward St

15- Filed JUL 7 - 1916, 191.... ROBERT J. KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1915, to July 6 1916, that I saw him alive on July 5 1916, and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Morley Young M. D.

July 7, 1916. (Address) 1 W Chesapeake Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cy — DATE OF BURIAL, July 8, 1916

20-UNDERTAKER Jos Joerdens & Son — ADDRESS 217 S. Bond

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96362 C96362

B

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary 14 × 53 REGISTERED NO. C

CITY OF BALTIMORE: (No. 1514 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Claggett

(Residence in Baltimore: No. Union Prot Infirmary St.; yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	widower

6-DATE OF BIRTH, June (Month) 2nd (Day), 1859. (Year)

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Rev Geo. S. Staley

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Anna Garrett

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hundley Jr. M.D.

(Address) Union Protestant Infirmary

15- Filed JUL 7 - 1916, 191 ROBERT J. KRAUSER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 7 1916, that I saw her alive on July 7 1916, and that death occurred, on the date stated above, at 9.40 A m.

The CAUSE OF DEATH* was as follows:

Myeloblastic Leukaemia

(Duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

(Signed) J. M. Hundley Jr. M. D.

July 7, 1916. (Address) Union Protestant Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. 6 ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence Knoxville Md.

19-PLACE OF BURIAL OR REMOVAL, Knoxville, Fred Co Md. DATE OF BURIAL, July 7, 1916.

20-UNDERTAKER E. M. Mitchell & Co ADDRESS 120 W. Fayette St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96363 — 8 — C96363

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 N. Bruce ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas F Peters

(Residence in Baltimore: No. 1522 Bruce St ... St.; ... yrs., 11 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 10 (Day), 1915 (Year)

7-AGE, ... yrs. 11 mos. 26 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas F Peters

11-BIRTHPLACE OF FATHER (State or Country), West Rocky Md

12-MAIDEN NAME OF MOTHER Bettie Pollard

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas F Peters

(Address) 1522 N Bruce St

15- Filed JUL 7 - 1916, 191... ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 191 6, to July 6 191 6, that I saw h[illegible] alive on July 5 191 6, and that death occurred, on the date stated above, at 5.32 a.m.

The CAUSE OF DEATH* was as follows:

Pertonitis & Pneumonia

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ... yrs. ... mos. 1 ds.

(Signed) A T Davis M. D.

7/6/16, 191... (Address) 923 N Carroll St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, July 7, 1916

20-UNDERTAKER James H Dennis — ADDRESS 302 Preston

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96364

HEALTH DEPARTMENT---CITY OF BALTIMORE

B C96364 C96364 1

CERTIFICATE OF DEATH

Registered No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1344 Druid Hill Ave St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Dorsey

(Residence in Baltimore: No. 1344 Druid Hill Ave St.; ..... yrs. 14 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 6 (Day), 1897 (Year)

7-AGE: 19 yrs. 11 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Public School

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Chas E Dorsey

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Clara Wayne

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas E Dorsey

(Address) 1344 Druid Hill Ave

15- JUL 7 - 1916 ROBERT . KRAUSE, Filed ....., 191 Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) - 6 (Day) - 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23, 1916, to July 6 1916, that I saw her alive on July 6 1916, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever with Pneumonia as a complication

(Duration) — yrs. — mos. 13 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... ds.

(Signed) Edward J. Wheatley M. D.

July 7, 1916. [Address] 1230 S. 19th St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: 7/0 (Day), 1916 (Year)

20-UNDERTAKER: Chas. E. Sauerbrey

ADDRESS: 578 W. Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96365 C96365 C96365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 127 Druid Hill Av ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Estella Pennington

(Residence in Baltimore: No. 1127 Druid Hill Ave St.; 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, (Month) (Day) 1873 (Year)

7-AGE 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Jerry E Pennington

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Amanda L Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F E Pennington

(Address) 1127 Druid Hill Ave

15-

Filed JUL 7 - 1916 ROBERT . KRAUTH, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1916, to July 3 1916, that I saw her alive on July 3 1916, and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Uterine Fibroma

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

July 5 1916 (Address) 1453 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, 7-7-, 1916.

20-UNDERTAKER Samuel T Owens ADDRESS 578 N Eutaw

important. See instructions on back of certificate.

Luiggi Iannantuono

B

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96366 C96366

CERTIFICATE OF DEATH.

10 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 253 S Spring ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luiggi Iannantuono

(Residence in Baltimore: No. 253 S Spring St.; yrs. 5 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 5 (Day), 1916 (Year)

7-AGE, yrs. 5 mos. 1 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION;
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Domenico Iannantuono

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Filomena Romano

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Domenico Iannantuono

(Address) 253 S Spring St.

15- JUL 7 - 1916 ROBERT CRAUTER, Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 6 1916, that I saw him alive on July 6 1916, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 3 ds.

(Signed) [illegible] M. D.

July 6, 1916 (Address) 1038 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem.

DATE OF BURIAL, July 7, 191.6

20-UNDERTAKER Lilly & Zibel

ADDRESS 403 S Wolfe St

Important. See instructions on back of certificate.

B C96367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42

C96367

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 711 Light ST.: 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Harris

(Residence in Baltimore: No. 711 Light St.; yrs., 16 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, June (Month) 7 (Day) 1869 (Year)

7-AGE, 47 yrs. mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Westernport Md

PARENTS.

10-NAME OF FATHER, Henry Carey.

11-BIRTHPLACE OF FATHER (State or Country) Ellicott City Md

12-MAIDEN NAME OF MOTHER Mary E. Langan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfred Harris (Husband)

(Address) 711 Light St.

15- JUL 7 - 1916 ROBERT . KRAUTER,
Filed..... 191..... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Uterus

Clinical Diagnosis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) H. M. Kerr Hanhardt (Coroner.) M. D.

July 6, 1916 (Address) 1017 St. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, July 7, 1916

20-UNDERTAKER F. A. Krause

ADDRESS 703 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96368 104 C96368

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 W. Baltimore St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella G. Boyd

(Residence in Baltimore: No. 746 W. Baltimore St.; ..... yrs., 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... April (Month) 2 (Day) 1916 (Year)

7-AGE, ... yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Henry Boyd

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Mary Marker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Boyd

(Address) 746 W. Baltimore St

15- Filed JUL 7 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1916, to July 7 1916, that I saw her alive on July 7 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Colitis.

..... (Duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E Wells Hemming M. D.

7/7....., 1916 (Address) 2000 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, July 7th, 1916

20-UNDERTAKER John J. Fields — ADDRESS 1200 W. Fayette

important. See instructions on back of certificate.

Jane R. Jacobson

13 C96369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C96369

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3504 Rolandor St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Jane R. Jacobson

(Residence in Baltimore: No. 3504 Rolandore St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 23, 1892 (Month) (Day) (Year)

7-AGE, 23 yrs. 8 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Norway

PARENTS.

10-NAME OF FATHER. Isar Jacobson

11-BIRTHPLACE OF FATHER (State or Country). Norway

12-MAIDEN NAME OF MOTHER. Karen Haslen

13-BIRTHPLACE OF MOTHER (State or Country). Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isar Jacobson

(Address) 3504 Rolandore

15- Filed JUL 7 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH July 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John J. Morrissey M. D. (Coroner.)

July 7 1916 (Address) 302 Rolandore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Macy Md. DATE OF BURIAL, July 8, 1916

20-UNDERTAKER W. S. Marshall ADDRESS 3539 Fall Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 96370 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Franklin

(Residence in Baltimore: No. 625 N. Caroline St St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 1, 1878 (Month) (Day) (Year)

7-AGE, 38 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Diggers

11-BIRTHPLACE OF FATHER (State or Country), S.C.

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- JUL 7 - 1916 Filed ..., 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1916, to July 5 1916, that I saw her alive on July 5 1916, and that death occurred, on the date stated above, at 6 55 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis acute

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) 30 yrs. ... mos. ... ds.

(Signed) C. Guthrie M. D.

July 6, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 26 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 625 N. Caroline St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, July 9, 1916

20-UNDERTAKER Felix B. Pye — ADDRESS 102 E. Mulberry St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 C96371

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 345 Warren av. ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah O'Donnell

(Residence in Baltimore: No. 345 Warren av. St.; ....yrs., mos. ds)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, June (Month) 27 (Day), 1916 (Year)

7-AGE, ...yrs. 9 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, J J O'Donnell.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Brophy

13-BIRTHPLACE OF MOTHER (State or Country), Fortbarg Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. J. O'Donnell

(Address) 345 Warren Av

15- JUL 7 - 1916

Filed ....., 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 6 1916, that I saw her alive on July 6 1916, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Married Shyness Enlargement

Not present (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Dilated Heart

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Jas O'Donnell M. D.

July 7 1916, 191... (Address) 102 E Mad St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, July 7, 1916

20-UNDERTAKER

ADDRESS

C96371

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96372 C96372

CERTIFICATE OF DEATH

28

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 234 N. Mount ST. 19 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Gray

(Residence in Baltimore: No. 234 N. Mount St.: 11 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: (Month) September (Day) (Year) 1887

7-AGE: 29 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Collector
(b) General nature of industry, business, or establishment in which employed (or employer): Dennard

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Henry Gray

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Rebecca Smothers

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Archie Gray
(Address) 313 N Mount

15-
Filed JUL 7 - 1916 19
ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: (Month) July (Day) 7, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from May 24, 1916, to July 6 1916, that I saw him alive on July, 1916, and that death occurred, on the date stated above, at 5,50 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. 14 ds

Contributory (SECONDARY) Hemorrhage

(Duration) yrs. 1 mos. 14 ds.

(Signed) [illegible] M. D.

July, 1916 (Address) 714 S. Sharp St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mechanicsville, St Mary's Co DATE OF BURIAL 7 7 1916

20-UNDERTAKER: Samuel T Hemsley ADDRESS 578 W Baltimore

Albert Taylor

Albert Taylor

B 036373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 036373

REGISTERED No C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1715 Fenner ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Albert Taylor

(Residence in Baltimore: No. 1715 Fenner St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M	Blk	Widower

6-DATE OF BIRTH, May (Month) 1 (Day) ..... (Year)

7-AGE	If LESS than 1 day,
48 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Wade

(Address) 1715 Fenner St.

15- JUL 7 1916, ROBERT . KRAG[illegible] Burial Permit [illegible]

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. K. Bailey (Coroner.) M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 1715 Fenner St.

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	July 8, 1916
20-UNDERTAKER Charles B Jones	ADDRESS 235 Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(96374) 103 (96374)

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 837 Raborg ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Parker

(Residence in Baltimore: No. 837 Raborg St St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored.	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 28. yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary R. White

(Address) 843 Raborg St

15- Filed JUL 7 1916, 191. ROBERT . KRAUSE Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert A. Arnscall M. D. (Coroner.)

July 5, 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral, Lenet — DATE OF BURIAL, July 8, 1916

20-UNDERTAKER Charles B. Jones — ADDRESS 225 Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C96375

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C96375

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1013 N. Wolfe St. Ward) 7

2-FULL NAME Infant Chappel

(Residence in Baltimore: No. 1013 N. Wolfe St.)

St.: yrs. mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH July 6, 1916 (Month) (Day) (Year)

7-AGE 8 Hours yrs. mos. ds.

If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Lewis Chappel

11-BIRTHPLACE OF FATHER (State or country) Baltimore

12-MAIDEN NAME OF MOTHER Alice Medz

13-BIRTHPLACE OF MOTHER (State or country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucinda Medz

(Address) 1013 N. Wolfe St.

15-

FILED JUL 8 - 1916

HENRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July 7, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 6, 1916, to July 7, 1916, that I saw h[illegible] alive on July 6, 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Due To Fatty degeneration of

Liver

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Fatty Degeneration of Liver

(Duration) yrs. mos. ds.

(Signed) Thomas Emmons M. D.

July 7, 1916 (Address) 1013 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Laurel Cem. DATE OF BURIAL July 8th 1916

20-UNDERTAKER Wm J. G. Locke ADDRESS 1302 Jefferson St.

*State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96376 13 150 C96376

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1025 N. Caroline ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert J. Thalheimer

(Residence in Baltimore: No. 1025 N. Caroline St St.; ..... yrs. ..... mos. 6 ds.)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 1 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Philip Thalheimer

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Anna C. Haupt.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Philip Thalheimer

(Address) 1025 N. Caroline St.

15- Filed JUL 8 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5, 1916, to, July 7 1916, that I saw him alive on July 7 1916, and that death occurred, on the date stated above, at 2 45 a. m.

The CAUSE OF DEATH* was as follows:

Congenital malformation of heart.

(Duration) ..... yrs ..... mos. 6 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John W. Sandreuter M. D.

July 7 1916 [Address] 1714 N Caroline St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 8, 1916

20-UNDERTAKER: Frank A. Fink — ADDRESS: 915 N. Gay St

Spec.--8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96377

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96377

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2315 E Chase St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Campbell

(Residence in Baltimore: No.) 2315 E Chase St.; 71 yrs., [redacted] mos.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 14 (Day), 1844 (Year)

7-AGE, 71 yrs. 7 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary Fireman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) State of Ohio

PARENTS.

10-NAME OF FATHER, William H Campbell

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Campbell

(Address) 2315 E Chase

15- JUL 8 - 1916 Filed..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1st 1916, to July 6th 1916, that I saw h[redacted] alive on July 6th, 1916, and that death occurred, on the date stated above, at 5.45 p. m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis & Valvular Heart Disease

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arterial Hemorrhage

(Duration) yrs. mos. 3 ds.

(Signed) Robert T Singewald M. D.

7/6/, 1916 (Address) 1615 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL. 7-10-, 1916

20-UNDERTAKER William Cooke

ADDRESS 507 E Northern

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C96378

HEALTH DEPARTMENT—CITY OF BALTIMORE

B

43

C96378

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3727 Bella Ave ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta L Farr

(Residence in Baltimore: No. 3727 Bella Ave St.; 82 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Apr (Month) 10 (Day), 1834 (Year)

7-AGE, 82 yrs. 2 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Lowell Farr

11-BIRTHPLACE OF FATHER (State or Country), N H

12-MAIDEN NAME OF MOTHER Lucia Field

13-BIRTHPLACE OF MOTHER (State or Country), Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry C Farr

(Address) 3727 Bella ave

15- HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 13 1913, to July 6 1916, that I saw h/r alive on July 6 1916, and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right Breast
Chronic Endocarditis
Abscess
(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis
(Duration) yrs. mos. 14 ds.

(Signed) C. N. Duvall M. D.

July 7, 1916 (Address) 1817 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery DATE OF BURIAL, July 8, 1916

20-UNDERTAKER William Cook ADDRESS 502 E North

important. See instructions on back of certificate.

B 096378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182 096379

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead at University Hospital St. 17 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Ross

(Residence in Baltimore: No. 627 George St. St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 21. yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Longshoreman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, David Ross.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Lottie Harden.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Ross

(Address) 627 George St.

15- Filed JUL 8 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound in right lung.
(Homicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L. Driscoll (Coroner) M. D.

July 7, 1916 (Address) 312 N Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Central Dark Ext & Wall.

Former or usual residence 627 George St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, July 9, 1916

20-UNDERTAKER Belt & Pue

ADDRESS 102 E Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96380

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 × 114 C96380

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James C. Veitch M.

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 12, 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. 7 mos. 24 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer). Commission

9-BIRTHPLACE, (State or Country), Missouri

PARENTS.

10-NAME OF FATHER, James C. Veitch

11-BIRTHPLACE OF FATHER (State or Country), Ky.

12-MAIDEN NAME OF MOTHER Susan Lee

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital

15- Filed JUL 8 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1916, to July 6 1916, that I saw him alive on July 6 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Gall Stones in Gall Bladder and Common Duct

(Duration) ..... yrs. ? mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

Operation and (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) G. K. Rhodes M. D.

July 6, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 22 ds. In the State ..... yrs. ..... mos. 22 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Palatka Florida

19-PLACE OF BURIAL OR REMOVAL, Palatka Fla. DATE OF BURIAL, July 8, 1916

20-UNDERTAKER Albert E. Hulls ADDRESS 221 N Broadway

important. See instructions on back of certificate.

B

C96381

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96381

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1523 E Lombard ST.: 3 WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Luck

(Residence in Baltimore: No. 1523 E Lombard St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1882 (Year)

7-AGE, 34 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar Tender
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Chas Luck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Wagner

(Address) 11 N Glen st

15- Filed JUL 8 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) Theus P. Dunstan (Coroner.) M. D.

July 7, 1916. (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemtery — DATE OF BURIAL, July 8, 1916

20-UNDERTAKER Albert E Fuller — ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96382

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96382

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Woods.

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Caid

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec (Month) 25 (Day), 1877 (Year)

7-AGE, 38 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Gen'l Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Henry Woods

11-BIRTHPLACE OF FATHER (State or Country), ne

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Woods

(Address) Ellicott City

15-

Filed JUL 8 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 191 6, to July 191 6, that I saw h him alive on July 6 191 6, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

.....

Ret. Peritoneal Carcinoma

(Duration) yrs. unknown mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) C. C. Hake M. D.

July 7 191 6 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State unknown yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Ellicott City, Md

19-PLACE OF BURIAL OR REMOVAL Western Balto

DATE OF BURIAL, July 11, 1916.

20-UNDERTAKER Easton Sons

ADDRESS Ellicott City Md

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96383 B 109 C96383

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 W. North ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Delia M. Keese

(Residence in Baltimore: No. 1011 W. North ave St.; 50 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct 17th, 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. 8 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Moses Bernard.

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), France.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Laura Keese

(Address) 1011 W North Ave

15- Filed JUL 8 - 1916, 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to July 6th 1916, that I saw h alive on July 5th 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Uraemia the Cause

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Extreme age

(Duration) yrs. mos. ds.

(Signed) F. Stephenson M. D.

July 6th, 1916. (Address) 230 N Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Harlem Ln — DATE OF BURIAL, July 9, 1916.

20-UNDERTAKER Johnson & Co — ADDRESS 1611 Mad

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96384 28 C96384

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 McPhail ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hughey Stipes

(Residence in Baltimore: No. 142 McPhail St.; 6/12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 13, 1879 (Month) (Day) (Year)

7-AGE, 37 yrs. 0 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Stipes

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah Stipes

(Address) 142 McPhail St

15- Filed JUL 8 - 1916, 19t. HARRY C. ANDREW Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to July 7 1916, that I saw h-im alive on July 7 1916, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Bowels

(Duration) yrs. 1 mos. ds.

(Signed) Robert Dickey M. D.

July 7, 1916. (Address) 1500 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, July 10th, 1916

20-UNDERTAKER J B Mellhenny — ADDRESS 1736 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Blks.

B C96385 30 C96385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Lambert

(Residence in Baltimore: No. 1414 Decatur St Locust Point St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November (Month) 1 (Day), 1913 (Year)

7-AGE, 3 yrs. 8 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Michael Lambert

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Annie Strasser

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Lambert

(Address) Johns Hopkins Hospital

15-

Filed JUL 8 1916 191 HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 6 1916, that I saw her alive on July 6 1916, and that death occurred, on the date stated above, at 1.05 a m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Hubbard W. Rose M. D.

July 6, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1414 Decatur St Locust Point

19-PLACE OF BURIAL OR REMOVAL, Holy Cross A.C. | DATE OF BURIAL, July 8, 1916.

20-UNDERTAKER Jos. F. Tabb & Sons | ADDRESS 318 Light St

important. See instructions on back of certificate.

C96386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168 C96386

B

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Harford Ave & 25-E. N. St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. May

(Residence in Baltimore: No. 25-8 S Ellwig St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, November 3, 1887
(Month) (Day) (Year)

7-AGE, 29 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Louis H. May

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Josephine Francis

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Tracy

(Address) 258 S Ellwig

15- FILED JUL 8 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: ~~Hanging~~ Asphyxia due to accidentally having been caught up and crushed (Duration) ... yrs. ... mos. ... ds. by coal. Sudden

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) M. T. Ruth M. D. (Coroner.)

July 3—, 191.6 (Address) 1637 Bush

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. State had when arrived at Hospital ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	July 8 1916

20-UNDERTAKER Chas H Coates & Son ADDRESS 1188 W Mt Royal.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

C96387

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Kirkley

(Residence in Baltimore: No. 1621 E. Chase St St.; 57 yrs., 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, April 12, 1859 (Month) (Day) (Year)

7-AGE, 57 yrs. 2 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Canvasser
(b) General nature of industry, business, or establishment in which employed (or employer): Drugs

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, John W Kirkley

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER — Shipley

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- JUL 8 - 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1916, to July 7 1916, that I saw h malive on July 7 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Obstruction Coronary artery
(due to fibroid)
few minutes
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetes (Several yrs) Carcinoma (1 year)
of bladder (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Adam T. Davis M. D.

July 7, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 29 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1621 E Chase St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetary DATE OF BURIAL, July 8, 1916

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96388 C96388

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Belt St ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna O Gregory

(Residence in Baltimore: No. 1410 Belt St St.: ..... yrs., 1 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) 1 (Day), 1915 (Year)

7-AGE, ... yrs. 11 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm A Gregory

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alvirta Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm A Gregory

(Address) 1410 Belt St

15- JUL 8 - 1916 ROBERT . KRAUSE Filed ....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 1916, to July 7 1916, that I saw her alive on July 7 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Whooping cough

(Duration) ... yrs. ... mos. 10 ds.

(Signed) Paul Leitz M. D.

7/7, 1916. (Address) 1349 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leeder Hill

DATE OF BURIAL, July 8, 1916.

20-UNDERTAKER E. D. Fanning

ADDRESS 1460 Battery Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96389 150 C96389

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 2806 Frederick Ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Wilson

(Residence in Baltimore: No. 2806 Frederick Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, July 4, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Jo Wilson

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Emma Gehring

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. P. Wilson

(Address) 2806 Frederick Ave

15- JUL 8 - 1916 Filed ....., 191.... ROBERT . GRADY Burial PERMIT Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1916, to July 7 1916, that I saw her alive on July 6 1916, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

I
Bronchitis
Lobar Pneumonia
Influenza (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)
..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wm Caldwell M. D.
July 7, 1916. (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Bal.	July 9th, 1916
20-UNDERTAKER Charles H. Gill	ADDRESS 2819 Frederick Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96390 C96390

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 39 E Hamburg ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Taylor

(Residence in Baltimore: No. 39 E Hamburg St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 1 (Day), 1850 (Year)

7-AGE, 66 yrs. 2 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Retired Engineer

9-BIRTHPLACE, (State or Country), Del

PARENTS.

10-NAME OF FATHER, Richard Taylor

11-BIRTHPLACE OF FATHER (State or Country), Del

12-MAIDEN NAME OF MOTHER Sarah Chase

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha J. Taylor

(Address) 39 E. Hamburg St.

15- Filed JUL 8 - 1916, 191.. ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1916, to July 6 1916, that I saw h alive on July 6 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. K. Campbell M. D.

July 7, 1916 (Address) 164 E Hamburg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, JUL 9 - 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96391 45 C96391

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Cumberland ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Black

(Residence in Baltimore: No. 616 Cumberland St St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: March (Month) 25 (Day), 1855 (Year)

7-AGE: 61 yrs. 3 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): New York

PARENTS.

10-NAME OF FATHER: William Firth

11-BIRTHPLACE OF FATHER (State or Country): England

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Black

(Address) 616 Cumberland St.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1916. to July 7 1916, that I saw her alive on July 7. 1916, and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma of right leg

Microscopic Exam

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) 1 yrs. mos. ds.

(Signed) J. N. Durall M. D.

July 8, 1916 (Address) 817 N. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery DATE OF BURIAL, July 10 1916

20-UNDERTAKER Josiah Dyson ADDRESS 1000 W North Ave

important. See instructions on back of certificate.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead at University Hospital 22 St., WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Dion.

(Residence in Baltimore: No. 6 E York St. 5 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... June ....., 1 .....
(Month) (Day) (Year)

7-AGE, 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Track hand.
(b) General nature of industry, business, or establishment in which employed (or employer): on B&O R.R.

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Paul Dion

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna Komsocut.

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Dion

(Address) 6 E York St

15- JUL 8 - 1916 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July ....., 7 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ..... Inquest, autopsy or inquiry.) find that said deceased came to ..... his ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Compound fracture of skull and amputation of left leg, caused by being run over by freight train (accident)
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Driscoll M. D.
(Coroner)
July 8, 1916 (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State 5 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? ..... B. & O. R.R. Railroad .....
Former or usual residence 6 E. York St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus	July 8 1916
20-UNDERTAKER John Zebliauskas	ADDRESS 500 S Pres. St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 REGISTERED No. C 96393

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1903 Lemmon ST. 20 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunigunda Ritter

(Residence in Baltimore: No. 1903 Lemmon St.: yrs. 58 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH, Sept (Month) 15 (Day), 1836 (Year)

7-AGE, 79 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Boettiger

(Address) 1903 Lemmon St

15- Filed JUL 8 - 1916, 191. ROBERT J. KRAUS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Old age Probably heart disease Kind not known

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) not known

(Duration) yrs. mos. ds.

(Signed) James M Benton M. D. (Coroner.)

July 7, 1916 (Address) 1005 E Clare St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 10 1916

20-UNDERTAKER H. S. Funk — ADDRESS 1900 W. Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Kazmir Kruszewski

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96394 C96394

CERTIFICATE OF DEATH.

1916

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2 West Hoffman 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kazmir Kruszewski.

(Residence in Baltimore: No. 1606 Bethel Place. 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May 1, 1908
(Month) (Day) (Year)

7-AGE, 8 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Poland,

PARENTS.

10-NAME OF FATHER Adam Kruszewski.

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Anna Ference,

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kazmir Kruszewski

(Address) 1606 Bethel

15- Filed JUL 8 - 1916 191 ROBERT . KRAUT..., Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism, accidentally by Swinging Conveyer,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 7 mos. 2 ds. In the State 8 yrs. mos. ds.

Where was disease contracted if not at place of death? At Home & Polan

Former or usual residence 1606 Bethel Place

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	July 8, 1916
UNDERTAKER William Fiallowsky	ADDRESS 1614 East

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

13

C96395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53 C96395

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~11 bed~~ University Hospital ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hagen

(Residence in Baltimore: No. 1403 Ramsay St. St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, Sept (Month) 22 (Day) 1855 (Year)

7-AGE, 61 yrs. 9 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Starkey's

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Charles Hagen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henrietta France

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Lombard & Greene st.

15- Filed JUL 8 - 1916, 191.. ROBERT . KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 191 6, to July 7 191 6, that I saw h im alive on July 7 191 6, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Epilepsy Myelogenous Leukemia

(Duration) yrs. 8 mos. 15 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

7/7, 191 6 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? City of Baltimore

Former or usual residence 1403 Ramsey st

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 10th, 1916

20-UNDERTAKER, Wm. J. Fiddes 1300 W — ADDRESS Gaudaud

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96396

13 40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 331/2 Old Frederick St.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James T. Neighoff

(Residence in Baltimore: No. 331/2 Old Frederick Rd St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Jan (Month) 4 (Day), 1846 (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 6 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Co

PARENTS.

10-NAME OF FATHER, Frederick Neighoff

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Kennedy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Neighoff

(Address) 331/2 Old Frederick Rd

15- Filed JUL 8 - 1916 191 ROBERT . KRAUTH Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 191 6, to July 6 191 6 that I saw h in alive on July 6 191 6 and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

July 7, 191 6 (Address) Darlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 8, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 Baltimore

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

B 96397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 120

96397

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospt ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clinton McCabe

(Residence in Baltimore: No. 4752 Pimlico Road. St. 26 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 26 (Day), 1869 (Year)

7-AGE, 46 yrs. 9 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Reporter (b) General nature of industry, business, or establishment in which employed (or employer) Newspaper

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, J. C. McCabe.

11-BIRTHPLACE OF FATHER (State or Country), Virginia. Va

12-MAIDEN NAME OF MOTHER Virginia R. Mackell

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. A. Cabe

(Address) 4752 Pimlico Rd

15- Filed JUL 8 - 1916, 19.. ROBERT . KRAUSE Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1916, to July 7, 1916, that I saw h[illegible] alive on July 7 1916, and that death occurred on the date stated above, at 2.16 P m.

The CAUSE OF DEATH* was as follows:

Mitral + aortic Insufficiency

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilitation

(Duration) yrs. mos. 1 ds.

(Signed) Elmer Heuttner M. D.

7-7-, 1916 (Address) 2nd Maryland Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 4752 Pimlico Rd

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, July 10, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 Baltic St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

B

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96398

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 220 N. Dallas St. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm W. Rodman

(Residence in Baltimore: No. 220 N. Dallas St. St.; yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 15, 1867 (Month) (Day) (Year)

7-AGE, 48 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Concrete Worker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Rodman wife

(Address) 220 N Dallas St

15- JUL 8 - 1916 Filed, 191 ROBERT . KRAUTHOFF, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 26 1916, to July 4 1916, that I saw h[illegible] alive on July 3 1916, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) yrs. mos. ds.

(Signed) W. C. Burns M. D.

July 8, 1916 (Address) 2218 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, July 8, 1916.

20-UNDERTAKER Mr R A Elliott

ADDRESS 506 Rodgers Ave

important. See instructions on back of certificate.

Spec.—8-24-14.—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96399 C96399

B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 5 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley B. White

(Residence in Baltimore: No. 411 Mott St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing

6-DATE OF BIRTH, January (Month) 22 (Day), 1914 (Year).

7-AGE, 2 yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Albert White

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Bessie Chase

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Johns Hopkins Hosp

15- Filed JUL 8 - 1916 191... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 6 191.., to July 7 191.., that I saw h inalive on July 7 191 6, and that death occurred, on the date stated above, at 4 30 a. m.

The CAUSE OF DEATH* was as follows:

Syphilis Congenital

(Duration) .....yrs. 5½ mos. .....ds.

CONTRIBUTORY (Secondary) Irrigation, Ante Lett.

(Duration) .....yrs. 2 mos. .....ds.

(Signed) Gilbert W Rosenthal M. D.

July 7.., 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 1 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 411 Mott St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, July 9..., 1916

20-UNDERTAKER Mrs R A Elliott ADDRESS 606 Rogers Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96400 C96400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Bukstaum

(Residence in Baltimore: No. 1628 E. Monument St St.; ....yrs., 10 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, September 11, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jacob Bukstaum

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Katherine Silgman

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15 JUL 8 - 1916 Filed ....., 191.... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1916, to July 7 1916, that I saw her alive on July 7 1916, and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, General
(Lungs probably primary)

(Duration) ....yrs. ? mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(Duration) ....yrs. 1/2 mos. ....ds.

(Signed) Gilbert V. Brantley M. D.

July 8, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1628 E. Monument St

19-PLACE OF BURIAL OR REMOVAL, Mehrer McCarnell — DATE OF BURIAL, 7-9, 1916

20-UNDERTAKER, Jack Lewis — ADDRESS E. Baltimore St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 143

C96401

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Harrison

(Residence in Baltimore: No. 41 days Johns Hopkins Hosp. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, January (Month) 4 (Day), 1916 (Year)

7-AGE, ...yrs. 6 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wilson Harrison

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Muslan

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps.

(Address) Johns Hopkins Hosp.

15- Filed JUL 8 - 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 27 1916 to July 7, 1916, that I saw h.. alive on July 7, 1916, and that death occurred, on the date stated above, at 3:15 p m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Furunculosis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Gilbert W. Rosenthal M. D.

July 7, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 41 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Tilghmans Island, Md.

19-PLACE OF BURIAL OR REMOVAL, Md. Tilghmans Island | DATE OF BURIAL, July 8, 1916

20-UNDERTAKER W. J. Schaeffer & Co | ADDRESS 18 S. Eutaw St

important. See instructions on back of certificate.

B

C96402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C96402

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 522 Eisden ST.: 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf of Henry & Ethel Myers.

(Residence in Baltimore: No. 522 Eisden St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col.	S

6-DATE OF BIRTH, July (Month) 6 (Day), 1916 (Year)

7-AGE, ...yrs. .....mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Henry Myers

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Ethel Hall

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Hall

(Address) 522 Eisden

15- JUL 8 - 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Abortion brought on by being Struck in Abdomen, (died 7 mo)

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Albert L Driscoll M. D.
(Coroner.)

July 8 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	July 8 19
20-UNDERTAKER	ADDRESS
Geo H Jenkins	41 W Ha

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96403

CERTIFICATE OF DEATH.

96

C96403

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2524 Francis ST.; 13th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Roles

(Residence in Baltimore: No. 2524 Francis St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, March 8th, 1833. (Month) (Day) (Year)

7-AGE, 83 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Anne Arundel Co. Md

PARENTS.

10-NAME OF FATHER, Benjamin Warfield

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ann Woodfield

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Irish M.D.

(Address) 2202 N. North

15- Filed JUL 9 - 1916 191... ROBERT . KRAUTHER Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) – 8 (Day) –, 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5 – 10 1916, to 7 – 8 – 1916, that I saw her alive on 7 – 7 – 1916, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) 1 yrs. mos. ds.

(Signed) H. Irish, M. D.

7 – 8 – 1916 (Address) 2202 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pinney Grove A.A. Co

DATE OF BURIAL, July 10, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96404 C96404

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Valley Street ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Kehoe

(Residence in Baltimore: No. 1329 Valley Street St.; 24 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) First (Day) January (Year) 1

7-AGE, About — 63 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, Edward Moonan ~~Kehoe~~

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Katharine Noonan

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Kehoe

(Address) 1329 Valley

15- Filed JUL 9 - 1916, 191... ROBERT . KRAUTH, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8 1916, to July 7, 1916, that I saw her alive on July 7, 1916, and that death occurred, on the date stated above, at 4.35 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Disease of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis & Cystitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Benj. H. Hayden M. D.

July 8, 1916. (Address) 1216 N. Caroline ct

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 10, 1916.

20-UNDERTAKER William Cole — ADDRESS 502 E North

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96405

CERTIFICATE OF DEATH.

104

C96405

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Castle ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Schaaf

(Residence in Baltimore: No. 115 N Castle St.; 1 yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 7, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Howard Schaaf

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Bessie Frost

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Schaaf

(Address) 115 N Castle St.

15- JUL 9 - 1916 Filed, 191. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to July 8 1916, that I saw her alive on July 7— 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. ds.

(Signed) Geo C Blades M. D.

July 8 1916 (Address) 143 N. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemtery DATE OF BURIAL, July 10., 1916.

20-UNDERTAKER William Cook ADDRESS 502 E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96406 40 C96406

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 W Lafayette ave ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Crane

(Residence in Baltimore: No. 1706 W Lafayette ave St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Nov 22 (Month) (Day), 1823 (Year)

7-AGE, 93 yrs. 4 mos. 16 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Prussia

PARENTS.

10-NAME OF FATHER, James Neer

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jno. A. Wilson

(Address) 1706 W. Lafayette

15- Filed JUL 9 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1916, to July 8 1916, that I saw her alive on July 7 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver.

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. F. Robinson M. D.

July 9th, 1916 (Address) 141 E. Northern ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Md. DATE OF BURIAL, July 10, 191..

20-UNDERTAKER W. J. Burkins Sons ADDRESS Roland ave

important. See instructions on back of certificate.

Dr. A. F. Robinson 141 E. Northern ave

Spec.—8-24-14—M. & T.—2000 Blks.

Frances Hoffman

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C96407

C96407

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 Essex ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Hoffman

(Residence in Baltimore: No. 2316 Essex St.; yrs. 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feby (Month) 4 (Day), 1916 (Year)

7-AGE, — yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Hoffman.

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Mary Hoffman.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hoffman

(Address) 2316 E. Ave St.

15-

Filed JUL 9 1916 ROBERT . KRAUTER, Asst. Registrar. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 8 1916, that I saw h[er] alive on July 8 1916, and that death occurred, on the date stated above, at 5[15] P.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Weidman M. D.

July 8, 1916 (Address) 165 Brady

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, July 9th, 1916.

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96408

CERTIFICATE OF DEATH.

170 C96408

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 N. Stricker ST.; 15 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Glassing.

(Residence in Baltimore: No. 1509 N. Stricker St St.: 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1864 (Year)

7-AGE, 52 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Butcher
(b) General nature of industry, business, or establisbment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wm Kruse

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena G. Glassing

(Address) 1509 N. Stricker St

15- ROBERT . KRAUTER

FILED JUL 9 - 1916 Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 14 1916, to July 7 1916; that I saw him alive on July 7 1916, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. mos. ds.

(Signed) George C. Shannon M. D.

July 7, 1916 (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, July 10, 1916

20-UNDERTAKER Samuel Taylor ADDRESS 916 Pa - ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96409 C96409

1 PLACE OF DEATH — Registered No. C 79

CITY OF BALTIMORE (No. 406 N. Calhoun St. 19 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

2 FULL NAME Benjamin Franklin Barnes

(Residence in Baltimore: No. 406 N. Calhoun St.: yrs. 10 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Feby. 3, 1844 (Month) (Day) (Year)

7 AGE: 72 yrs. 6 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Sign Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Benj. Barnes

11 BIRTHPLACE OF FATHER (State or country): About Know

12 MAIDEN NAME OF MOTHER: Sarah —

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah Virginia Barnes
(Address) 405 N. Calhoun St

JUL 9 - 1916 Filed ..., 191 ROBERT . KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 7, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr., 1916 to July 7, 1916 that I saw h— alive on July 4, 1916 and that death occurred, on the date stated above, at 8.50 p m.

The CAUSE OF DEATH* was as follows:

Chronic
Myocarditis
(Duration) 0 yrs. 6 mos. 0 ds

Contributory (SECONDARY) Cardiac Dilatation & Hypertrophy
(Duration) yrs. 4 mos. 0 ds.

(Signed) C. C. Norris M. D.
7/8, 1916 (Address) 1605 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: July 10, 1916

20 UNDERTAKER: Geo. Weber & Son — ADDRESS: 2503 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Blks.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

C96410

C96410

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2824 E. Chase St.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Herold

(Residence in Baltimore: No. 2824 E. Chase St.; 9/12 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 21, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Martin P. Herold

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Myrtle Marshall

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Myrtle Marshall

(Address) 2824 E. Chase St.

15- JUL 9 - 1916 ROBERT . KRAUTHOFF,
Filed ....., 191.... Burial Permit Given
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5- 1916, to July 8, 1916, that I saw him alive on July 7, 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) — yrs. — mos. 1/4 ds.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin B. Fenby, M. D.

July 8, 1916 (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oaklawn

DATE OF BURIAL, July 10, 1916

20-UNDERTAKER Junkler & Junkler

ADDRESS 1739 E. Eager

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C96411

C96411

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 803 Williams (St.; 22 Ward) REGISTERED NO. C .....

2-FULL NAME John L. Miller

(Residence in Baltimore: No. 803 Williams St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; ..... yrs., 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 10th, 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. 6 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John L. Miller

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Margaret McNeil

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Selma Berney

(Address) 803 Williams St.

15- JUL 9 - 1916 19.. ROBERT . KRAUSE, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1st 1913 to July 7th 1916, that I saw him alive on July 7th 1916, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. O'Donnell M. D.

July 8, 1916. (Address) 107 S. Wash St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, July 10, 1916.

20-UNDERTAKER Fred. A. Krause ADDRESS 703 Hanover St

important. See instructions on back of certificate.

C96412

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

42

C96412

13

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1916 W. Lafayette Ave St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Alice Angle

(Residence in Baltimore: No. 1916 W. Lafayette Av St.: 30 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: July (Month) 19 (Day), 1871 (Year)

7 AGE: 38 yrs. 8 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer): Grand Duke

9 BIRTHPLACE (State or country): New York

PARENTS

10 NAME OF FATHER: Albert Rippelmeyer

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Agnes C. Finney

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Rippelmeyer

(Address) 1916 W. Lafayette Ave

15 Filed JUL 9 - 1916, 191.. ROBERT J. KRAUTH, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 8 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1915, to July 8 1916, that I saw h~~e~~ alive on July 7 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

(Cancer of Uterus)
Carcinoma

(Duration) 1 yrs. 3 mos. ..... ds

Contributory (SECONDARY) Dropsy

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Wm S Love M. D.

July 8, 1916 (Address) 836 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem't DATE OF BURIAL: July 10 1916

20 UNDERTAKER: Pritchard & Fox ADDRESS: 1723 W. Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B C96413 — 91 C96413

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Fonda ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philomena Bruno

(Residence in Baltimore: No. 1422 Fonda St.; 7 yrs., 3 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, April 7, 1909
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
...yrs...mos...ds.	...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Bruno

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Julia Montemuro

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Bruno

(Address) 1422 Fonda St

15-JUL 9 - 1916 Filed ..., 191... ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 191..., to July 8 191...,
that I saw h... alive on July 8 191...,
and that death occurred, on the date stated above, at 2 30 m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 2 wks. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) ... M. D.

..., 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	July 9th, 1916.

20-UNDERTAKER Randell Lipfert & Son ADDRESS 330 S. Bond St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96414 C96414

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 W. Preston ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Williams

(Residence in Baltimore: No. 302 W. Preston St.; 2 yrs., 7 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Feby. 23, (Day) 1847 (Year)

7-AGE, 49 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Hotel

9-BIRTHPLACE, (State or Country), S.C.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Williams

(Address) 302 W. Preston St.

15- Filed JUL 9 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1916, to July 7th 1916, that I saw h~~im~~ alive on July 7th 1916, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Senile Changes Arteriosclerosis (Duration) 10 yrs. ....mos. ....ds.

(Signed) W. Grandpeth M. D.

July 8th 1916 (Address) 354 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, July 9, 1916

20-UNDERTAKER George H. Holland

ADDRESS 517 Robert St.

CAUSE OF DEATH to be filled in plainly, so that it may be properly classified. Each question is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 96415 151 96415

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Asher Dubin

(Residence in Baltimore: No. 261 S. Caroline St.; ...yrs., 2/4 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 30 (Day), 1916 (Year)

7-AGE, ...yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Sam Dubin

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Ella Brinan

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Dubin

(Address) 261 Carolin st

15- JUL 9 - 1916 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1916, to July 8, 1916, that I saw him alive on July 8, 1916, and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Marasmus

Acute Intoxication

..... (Duration) ...yrs. ...mos. 30h ds.

CONTRIBUTORY (Secondary) Diabetes is non-diabetic

..... (Duration) ...yrs. ...mos. 24hrs ds.

(Signed) M. Rasken M. D.

7/11/16, 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 9½ hrs. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Cem. Mt Carmel Rd. DATE OF BURIAL, July 7, 1916

20-UNDERTAKER Jack Lewis & Co. ADDRESS 1411 E. Balto St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 130

C96416

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Zerden

(Residence in Baltimore: No. 1413 E. Fayette St. St.; ..... yrs., ... mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July (Month) 7 (Day) 1890 (Year)

7-AGE, 26 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, I Kaskel

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rosie Glick

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levi's

(Address) 1411 E. Baltimore St.

15- Filed JUL 9 - 1916, 191.... ROBERT ... KRAUTER, ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 22 1916, to July 9 1916, that I saw h[illegible] alive on July 9 1916, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Pelvic Abscess

(Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary), Staphococcic Pneumonia Septicaemia

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) M. Kaskel M. D.

7/9, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 17 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? at Home

Former or usual residence Hickory N. C

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 7/10, 1916

20-UNDERTAKER Jack Levi's — ADDRESS 1411 E. Baltimore St

Sec. 2. Fill in plain type. If unable to answer any question, state reason. Every question important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96417 (PLACE OF DEATH) 9V C96417

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1552 N. Carey ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leathy Osborne

(Residence in Baltimore: No. 552 N. Carey St.: ..... yrs. 11 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 6 (Day), 1915 (Year)

7-AGE: ..... yrs. 11 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Daisy Holland

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Woods Montgomery

(Address) 1572 Carey St

15 JUL 9 - 1916 Filed ..... ROBERT . KRAUTH, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1916, to July 7, 1916

that I saw her alive on July 6, 1916

and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Humphrey Rivers M. D.

July 5, 1916 (Address) 510 Fawn St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: 7/19, 1916

20-UNDERTAKER: Jas. L. Weasley ADDRESS: 578 W Baltimore St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 742 Ryan ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russel Cuba.

(Residence in Baltimore: No. 742 Ryan St.: yrs., 3 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	colored	Single

6-DATE OF BIRTH, Apr. (Month) 11 (Day), 1916 (Year)

7-AGE, ...yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), (unknown

12-MAIDEN NAME OF MOTHER Dora Cuba

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Livingston

(Address) 742 Cuba St.

15-Filed JUL 9 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) H. C. Smyth, M. D. (Coroner)

July 9, 191.. (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn et | DATE OF BURIAL, July 10, 1916

20-UNDERTAKER A. L. Brown & Son | ADDRESS Pt. Monty

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B096419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C96419

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 865 Watts St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Randolph Blackwell

(Residence in Baltimore: No. 865 Watts St.: yrs. 11 mos. 21 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	colored	Single

6 DATE OF BIRTH July 17th, 1915 (Month) (Day) (Year)

7 AGE — yrs. 11 mos. 21 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (State or country) Not known

12 MAIDEN NAME OF MOTHER Alice Blackwell

13 BIRTHPLACE OF MOTHER (State or country) Va —

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice Blackwell

(Address) 865 Watts st

15 Filed JUL 9 - 1916 [redacted] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 8th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8th 1 PM 1916, to July 8th 3 PM 1916, that I saw h[redacted] alive on July 8th, 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Enteric Colitis

(Duration) — yrs. — mos. 1 ds

Contributory (SECONDARY) Diet

(Duration) — yrs. — mos. — ds.

(Signed) Eugene Douglas M. D.

July 8th, 1916 (Address) 830 W. Norfolk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion	July 10 1916

20 UNDERTAKER	ADDRESS
James H Dennis	303 Preston

Annie Savage.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

96420 — 104 — C96420

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1323 Orgman St. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Savage

(Residence in Baltimore: No. 1323 W. Baltimore St.; yrs., mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	Single

6-DATE OF BIRTH, June 21, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknow

11-BIRTHPLACE OF FATHER (State or Country), Unknow

12-MAIDEN NAME OF MOTHER Rosa Savage

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grand Mother

(Address) 1326 W Baltimore

15-

Filed JUL 9 - 1916, 191... ROBERT . KRAUTER, Registrar
Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Marasmus

Did not nurse

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J McCahan M. D. (Coroner)

July 8, 1916. (Address) 117 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State None yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

None

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	July 9, 1916
20-UNDERTAKER	ADDRESS
James H Dennis	1303 Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Bks.

13 C96421 HEALTH DEPARTMENT—CITY OF BALTIMORE 17 2 C96421

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Woodward ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel, D. Harrisson

(Residence in Baltimore: No. 824 Woodward St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Single

6-DATE OF BIRTH, ...Dec....23..., 1910
(Month) (Day) (Year)

7-AGE, ...5....yrs....6....mos....15....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....c....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore County

PARENTS.

10-NAME OF FATHER, John. W. Harrison

11-BIRTHPLACE OF FATHER (State or Country), Frederick Co

12-MAIDEN NAME OF MOTHER Hilda Arnold

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John. W. Harrison

(Address) 824 Woodward St

15- Filed JUL 9 - 1916, 191.... ROBERT KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8th, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 20 1916, to July 8th 1916, that I saw her alive on July 7 1916, and that death occurred, on the date stated above, at 3.45 A m.

The CAUSE OF DEATH* was as follows:

Meningitis

(Duration).....yrs.....,mos..6...ds.

CONTRIBUTORY (Secondary) Fell down Steps accidental

(Duration).....yrs...2½...mos.....ds.

(Signed) Geo. Shepherd Dr. M. D.

July 8th, 1916. (Address) 1227 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, July 10, 1916.

20-UNDERTAKER Jos Joerdens, Son — ADDRESS 217 S. Pac

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

B. C96422 C96422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N Gross St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. D Stubbins

(Residence in Baltimore: No. 506 N Gross St. 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 14, 1840 (Month) (Day) (Year)

7-AGE 76 yrs. mos. 24 ds.

If LESS than 1 day hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Junk Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Frederick Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie D Stubbins

(Address) 506 N Gross St

15- FILED JUL 9 - 1916 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916 to July 7 1916, that I saw h alive on July 7 1916 and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Armistead M. D.

July 8, 1916 (Address) 11 W Gross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem DATE OF BURIAL, July 10, 1916

20-UNDERTAKER E Schloman & Son ADDRESS 1039 Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

13 C96423

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96423

CERTIFICATE OF DEATH.

4 x 175

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or Institution, give Its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Vernon Bowman

(Residence in Baltimore: No. University Hospital St.; yrs., 1 mos. 21 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Black.	Single.

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 7 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Bowman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eugenia Talbot

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henry Bowman
(Address) Dykesville Md

15- Filed JUL 10 1916, 191... HARRY C. ANDREWS (Deputy Comptroller) Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Destruction of Spinal Cord, causing paralysis lower part body and fracture of right leg caused by being run over by farm roller, accident (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Abbit D. Driscoll M. D.
(Coroner)
July 7, 1916 (Address) 212 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 1 mos. 21 ds. In the State 7 yrs. mos. ds.
Where was disease contracted, if not at place of death? Unknown.
Former or usual residence Dykesville Md.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
White Rock Md	July 10 1916

20-UNDERTAKER Jas. R. Kerr ADDRESS Dykesville Md

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96424 104 C96424

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Brook ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude A Cornish

(Residence in Baltimore: No. 1102 Brook St ST.; 1 yrs., 10 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 11, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 10 mos. 29 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Dennis Cornish

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E. Hopkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C Cornish

(Address) 1102 Brook

15- Filed JUL 10 1916, 191.... MARY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1915, to July 9 1916, that I saw h.. alive on July 8 1916, and that death occurred, on the date stated above, at 1 3-4 m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) .... yrs. .... mos. 1 ds.

CONTRIBUTORY (Secondary) Eclampsia

(Duration) .... yrs. .... mos. 2 hrs.

(Signed) [illegible] M. D.

July 9, 1916 (Address) 1330 Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, July 11, 1916

20-UNDERTAKER John J Conway & Son — ADDRESS 901 Hollins St

CAUSE OF DEATH to be plain terms, so that if it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96425 132 C96425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 4 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Turner.

(Residence in Baltimore: No. 723 W. Lexington St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female	white	Married

6-DATE OF BIRTH, ... Aug 28, 1876
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
39 yrs. 10 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Geo. Harrison

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Sarah Broadus

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. L. Turner

(Address) 723 W. Lexington St.

15- Filed JUL 10 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to July 7 1916, that I saw her alive on July 7 1916 and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Strychnine ? Fallopean Tube.

(Duration)....yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(Duration) about yrs. 2 mos. 4 ds.

(Signed) Edward P. Smith M. D.

July 7, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 1 yrs. 1 mos. ....ds.

Where was disease contracted, if not at place of death? 723 W Lexington St

Former or usual residence 723 W Lexington St.

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery

DATE OF BURIAL, July 10, 1916.

20-UNDERTAKER John Horman & Son

ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96426 C96426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2441 Eager ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Wick

(Residence in Baltimore: No. 2441 Eager St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, July 9, 1916
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, 7 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt.

PARENTS.

10-NAME OF FATHER, John Wick

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Cunigunda Charlton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Wick

(Address) 2441 Eager Blvd

15- Filed JUL 10 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 1916, to July 9 1916, that I saw him alive on July 9 1916 and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

(7 Month's Gestation
(Inanition)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Louis Vogt M. D.

July 9, 1916. (Address) 1601 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, July 10, 1916

20-UNDERTAKER Frank Graeber — ADDRESS 1904 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C96427

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96427

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 1029 N. Calhoun ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas A. Poulston

(Residence in Baltimore: No. 1029 N. Calhoun St.; yrs., mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 13, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Mayo Poulston

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Eva Poulston

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother.

(Address) 1029 N. Calhoun

15- Filed JUL 10 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Gastritis (21.)

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) Bad diet.

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Wellington M. D.
(Coroner.)

July 1, 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 20 ds. In the State ....yrs. ....mos. 20 ds.

Where was disease contracted, if not at place of death? In Hospital

Former or usual residence 1029 N Calhoun

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, JUL 10 1916

20-UNDERTAKER Sam M. Chase Son

ADDRESS 1400 Market

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96428

CERTIFICATE OF DEATH.

30 C96428

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Tyson

(Residence in Baltimore: No. 1923 Division St. ST.: 3 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word)
Male	Black	Single

6-DATE OF BIRTH, April (Month) 12 (Day), 1854 (Year)

7-AGE, 62 yrs. 2 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sylvia Tyson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Thomas

(Address) 1st Regt Co Md

15- JUL 10 1916 Filed ..... 191... HARRY C. ABERNETHY Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1916, to July 8 1916, that I saw him alive on July 8 1916, and that death occurred, on the date stated above, at 6.10 P.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward A. Smith M. D.

July 8, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. 62 mos. ds.

Where was disease contracted, if not at place of death? 1923 Division St.

Former or usual residence 1923 Division St.

18-PLACE OF BURIAL OR REMOVAL, Buckwood Mem Park DATE OF BURIAL, July 10 1916.

20-UNDERTAKER Thomas E. Wright ADDRESS 364 Main

Mal 6568 60c
De Chaultieu
C96429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 172 C96429

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Fed. Spec. Hospital St.. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Nilson

(Residence in Baltimore: No. 1017 (1017) N. Caroline ave St.; yrs., 25 mos. ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Single

6-DATE OF BIRTH, July 18, 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thos C. Nelson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emily J. Tilman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Rodgers

(Address) 1027 N. Caroline ave

15- Filed JUL 10 1916 EMILY C. ANDREWS Bd. Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pneumonia Fol
Fell while walking out of saloon and struck his head on Marble Slab
(Accident) (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Fracture of Skull
(Duration) yrs. mos. 3 ds.

(Signed) Theodore Lum M. D.
(Coroner.)
July 8, 1916 (Address) 917 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
None
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Md | DATE OF BURIAL, July 11, 1916

20-UNDERTAKER Lawrence E. Wright | ADDRESS 1364 Mary

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96430 C96430

HEALTH DEPARTMENT—CITY OF BALTIMORE

169

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — CITY OF BALTIMORE (No.) Gwynn's Falls ST.: 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph C. Kennedy (Ste. 18 yrs., 8 mos. 21 ds.)

(Residence in Baltimore: No. 1307 James St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, March (Month) 18 (Day), 1898 (Year)

7-AGE,	If LESS than 1 day,
18 yrs. 8 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): U S P O Co.

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Joseph Kennedy

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Ida Rummey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. I. Rummey

(Address) 1237 W Lombard

15-JUL 10 1916 HARRY C. ANDREWS

Filed ....., 191.. Burial Permit Clerk.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) James M. Fenlon (Coroner) M. D.

July 9, 1916. (Address) 900 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral cem	July 11, 1916
20-UNDERTAKER	ADDRESS
Robert Bowersox	178 Calhoun st

Spec.—8-24-14—M. & T.—2000 Blks.

13 C96431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C96431

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Tegeler

(Residence in Baltimore: No. 206 S. Catherine St. St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 26 (Day), 1866 (Year)

7-AGE, 50 yrs. 3 mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work [redacted]
(b) General nature of industry, business, or establishment in which employed (or employer) Telegrapher

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Herman Tegeler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Tegeler

(Address) 206 Catherine St

15-

Filed JUL 10 1916 HARRY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1916, to July 7 1916, that I saw him alive on July 7 1916, and that death occurred, on the date stated above, at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pylorus

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Post-Operative Shock

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J. F. McCullough M. D.

July 7, 1916. (Address) St. Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 7 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 206 S. Catherine St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, July 11, 1916

20-UNDERTAKER Robert Brookeseer

ADDRESS 175 Calhoun st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96432 81 C96432

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. S.E. Corner Bonner Rd Walcott Ave WARD) 15

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Bargar

(Residence in Baltimore: No. S.E. Cor. Bonner Rd + Walcott Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH. Nov. 24th, (Month) (Day) 1827 (Year)

7-AGE. 88 yrs. 7 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Builder

9-BIRTHPLACE, (State or Country). Balto. City

PARENTS.

10-NAME OF FATHER. John Bargar

11-BIRTHPLACE OF FATHER (State or Country). Balto.

12-MAIDEN NAME OF MOTHER. Catharine Amey

13-BIRTHPLACE OF MOTHER (State or Country). Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Bargar

(Address) Bonner Rd + Walcott Ave

15- Filed JUL 10 1916, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 9, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to July 9 1916, that I saw her alive on July 8 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cystitis Catarrhal
Senile Debility

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

7/9, 191.6. (Address) 2042 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. July 11, 1916.

20-UNDERTAKER. E. M. Mitchell + Co.

ADDRESS 120 W. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96433 C96433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 E. Federal ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorenz E. C. Harms

(Residence in Baltimore: No. 1608 E. Federal St. St.; life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, January 17th, 1881.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
35 yrs. 5 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Md. Steel Co.

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Carsten Harms

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henrietta Dorigahn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie H. Harms

(Address) 1608 E. Federal St.

15- Filed JUL 10 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1916, to July 8 1916, that I saw h[im] alive on July 8 1916, and that death occurred, on the date stated above, at 5.05 P.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) — yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. C. Peltzmann M. D.

July 10. 1916. (Address) 817 Hamilton Ter.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cemetery — DATE OF BURIAL, July 11, 191.6

20-UNDERTAKER E. J. Mitchell & Co. — ADDRESS 1218 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C96434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED NO. C 96434

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1402 Duke's alley ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Zoller.

(Residence in Baltimore: No. 1402 Duke's alley

St. 35 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, unknown ....., 1916
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Jones Parker .....

(Address) ..... 1402 Duke's Alley .....

15- JUL 10 1916

Filed....., 191.....

HARRY C. ANDREWS
Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 7 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Investigation .....
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.)

Investigation ..... find that said deceased came to ..... her ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Chronic Valvular .....
..... disease of heart .....
unknown (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Chronic Cerebritis .....
several years (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... Edward Gaul ..... M. D.
(Coroner.)

July 10, 1916 (Address) 1610 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cem	July 11, 1916
20-UNDERTAKER	ADDRESS
H. Sanders Sons	121 E Fleet St

Anna M Pensel

B

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96435 C96435

158

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1723 Federal St.; 8 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M Pensel,

(Residence in Baltimore: No. 1723 Federal St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 19 (Day), 1857 (Year)

7-AGE, 59 yrs. 4 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Herman Wiegand

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ann Brandt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Pensel

(Address) 1723 Federal

15-

Filed OCT 10 1916, 191

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Drowning in Bath Tub

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. R. Friedley (Coroner) M. D.

, 191... (Address) 1400 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

U. S. Baltimore Md.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, July 10 19 16

20-UNDERTAKER Henry Horn & Son

ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B

CERTIFICATE OF DEATH.

C96436 C96436

71

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 E Fayette St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Kenneth McCurdy

(Residence in Baltimore: No. 2104 E Fayette St.; ..... yrs., ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, July 6, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 3 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm J. McCurdy

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Clara M. Miller

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J. McCurdy

(Address) 2104 E Fayette St

15- JUL 10 1916

Filed....., 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1916, to July 9 1916, that I saw him alive on July 9 1916, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Convulsions, from
Bronchopneumonia of Stomach

(Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary).....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Bellevue M. D.

July 10, 1916. (Address) 2600 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, July 12, 1916

20-UNDERTAKER Phillip Henry

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96437 C96437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 9 N. Carlton ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Griffin

(Residence in Baltimore: No. 9 N. Carlton St.: — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Oct (Month) 8 (Day), 1913 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 9 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Basil Griffin

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Olivia Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Roane

(Address) 9 N Carlton St

15-

Filed JUL 10 1916, 191.....

HARRY C. ANDERSON
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Measles

(Duration)....yrs....mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration)....yrs....mos. 5 ds.

(Signed) James M Renton (Coroner.) M. D.

July 10 1916 (Address) James M Renton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem | DATE OF BURIAL, JUL 12 1916, 19....

20-UNDERTAKER John J Corvane Son | ADDRESS 901 Hollins

Thelma Edith F Strumsky

HEALTH DEPARTMENT--CITY OF BALTIMORE

13 C96438 — 104 C96438

CERTIFICATE OF DEATH

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 406 S Pulaski St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thelma Edith F Strumsky

(Residence in Baltimore: No. 406 S Pulaski St.: yrs. 4 mos. 15 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb (Month) 23 (Day), 1916 (Year)

7 AGE: yrs. 4 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frank Strumsky

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Jousia Knapik

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jousia Strumsky

(Address) 406 S Pulaski

15 JUL 10 1916 ..., 19.. HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 8 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to July 7, 1916, that I saw her alive on July 7, 1916, and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Diarrhoea Enteritis

..... (Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter A Cox M. D.

7-8, 1916. (Address) Lorraine Cemetery

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: July 10, 1916

20 UNDERTAKER: Geo. C. Schmidt & Bro — ADDRESS: 2101 Eutaw Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—3-24-14—M. & T.—2000 Bks.

13 C96439

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C96439

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 East 30th ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian F Zimmerman

(Residence in Baltimore: No. 911 East 30th Street St.; 1 yrs., ... mos. 24 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June (Month) 15 (Day), 1915 (Year)

7-AGE, 1 yrs. ... mos. 24 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimor City

PARENTS.

10-NAME OF FATHER. Christian Zimmerman

11-BIRTHPLACE OF FATHER (State or Country). Baltimor

12-MAIDEN NAME OF MOTHER. Elizabeth Bryant

13-BIRTHPLACE OF MOTHER (State or Country). North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Zimmerman

(Address) 911 East 30th Street

15. JUL 10 1916 Filed ....., 191.... HARRY C. ANDREWS Death Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1916, to July 9 1916, that I saw h im alive on July 9 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Intoxication

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Gilbert W. Rosenthal M. D.

July 9, 1916 (Address) Johns Hopkins Hosptl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimor Cemetery DATE OF BURIAL, 7/11, 1916

20-UNDERTAKER William Cook ADDRESS 502 E North Ave

Dr Rosenthal Howard Lane Hospital

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96440

HEALTH DEPARTMENT—CITY OF BALTIMORE

54 C96440

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Aprt. ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Solomon (Sol) Simpson,

(Residence in Baltimore: No. 1700 Eutaw Place, St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, July (Month) 24th. (Day) 1847. (Year)

7-AGE, 68 yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... retired,
(b) General nature of industry, business, or establishment in which employed (or employer)..... Clothing Mnfg.

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Moses Simpson,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Minka Strauss,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Kemper,

(Address) Marlborough Aprt.

15- JUL 10 1916

....., -191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9th. (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to July 9 1916, that I saw him alive on July 9 1916, and that death occurred, on the date stated above, at 1A m.

The CAUSE OF DEATH* was as follows:

.....

..... Pernicious Anemia

.....

..... (Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Oedema of lungs

..... (Duration) yrs. mos. 1 ds.

(Signed) Julius Friedmann M. D.

July 10, 1916 (Address) 12 B. 1. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, July 11th 1916.

20-UNDERTAKER Hart Sonnheim

ADDRESS Mount Royal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96441 C96441

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 3136 Cedar Av ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph O. Handy

(Residence in Baltimore: No. 3136 Cedar Av St.; 35 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1843 (Year)

7-AGE, 74 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teamster of
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton Wagon

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Sarah Paul

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johnson H. Dandy

(Address) 3136 Cedar Ave

15- JUL 10 1916 Filed, 191 Permit Clerk Registrar.

HARRY C. ANDREWS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1916, to July 8 1916, that I saw h alive on July 7 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of Heart

(Duration) yrs. mos. 3 ds.

(Signed) Herbert M. Foster M. D.

July 8, 1916. (Address) 862 W. 36th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, July 10, 1916

20-UNDERTAKER Chenoweth & Son ADDRESS 367 Chestnut ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C96442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Rutland av St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley watts

(Residence in Baltimore: No. 806 Rutland av St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) 1 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, John H watts

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Harriett Bayless

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucilla Watts

(Address) 806 Rutland av

15- FILED JUL 10 1916, 191.. MARY ..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to July 7 1916, that I saw h[illegible] alive on July 7 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Acute Insufficiency

Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

one CONTRIBUTORY Acute Dilatation of Heart

17[illegible] (Duration) 0 yrs. 6 mos. 1 ds.

(Signed) J. Edward Senf M. D.

July 8, 1916 (Address) 161 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, July 11, 1916.

20-UNDERTAKER A E Gross

ADDRESS 140 W Eden st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96443 13 C96443

CERTIFICATE OF DEATH.

119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1050 W. Barre St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Ruprecht

(Residence in Baltimore: No. 1050 W Darre St St.; 55 yrs., mos. da)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Feb (Month) 21 (Day), 1839. (Year)

7-AGE, 77 yrs. 4 mos. 17 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. M. Berger

(Address) 1945 W. Balto St.

15- Filed JUL 10 1916, 191.

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1916, to July 8 1916, that I saw h lm alive on July 8 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Nephritis Acute

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Senile Decay

(Duration) yrs. mos. ds.

(Signed) Edward Greenbaum M. D.

7/10, 191.6 (Address) 517 Scott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. National Cemetery

DATE OF BURIAL, July 11, 191.6.

20-UNDERTAKER Knull & Son

ADDRESS 1729 W. Pratt

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96444

CERTIFICATE OF DEATH.

104 C96444

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Eastern ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Elizabeth Reese

(Residence in Baltimore: No. 1608 Eastern ave St. — yrs., 5 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Jan. (Month) 18 (Day), 1916 (Year)

7-AGE, — yrs. 5 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Reese

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Kate Schaumer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Kate Reese

(Address) 1608 Eastern Ave

15- JUL 10 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 1916, to July 10 1916, that I saw her alive on July 9 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Debilitation

(Duration) — yrs. — mos. — ds.

(Signed) M. J. Lemmon M. D.

July 10, 1916 (Address) 2017 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oaklawn Cem — DATE OF BURIAL, July 11, 1916

20-UNDERTAKER Joseph Block — ADDRESS 1903 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96445 61 C96445

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Moore

(Residence in Baltimore: No. 414 Bruce St St.; 4 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, February 15, 1912 (Month), (Day) (Year)

7-AGE, 4 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harry Moore

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Russell

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

JUL 10-1916 Filed....., 191.... HARRY C. ANDREWS Registrar. Burial Permit Mark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1916, to July 8 1916, that I saw h[im] alive on July 8 1916, and that death occurred, on the date stated above, at 11 40 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis, cerebrospinal (Epidemic)

(Duration).....yrs. 1/2 mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) H. J. Mackay M. D.

July 8, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos. 12 ds. In the State Life yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 414 Bruce St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, July 10th, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 096446

CERTIFICATE OF DEATH.

152

C 96446

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Greenmount Ave ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Cosby Jr.

(Residence in Baltimore: No. 1604 Greenmount Ave St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 9 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
yrs. mos. 1 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, James Cosby

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Julia Maas

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Cosby

(Address) 1604 Greenmount Ave

15- JUL 10 1916 ROBERT . KRAUTH, Registrar.

Filed ....., 191.... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1916, to July 9 1916, that I saw h— alive on July 9 1916, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Ruptures of Brain

(Duration) yrs. mos. ds.

(Signed) Wm Kramer M. D.

July 11, 1916 (Address) 1 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem

DATE OF BURIAL, July 11, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96447

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 28 C96447

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2923 St. Paul ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo Vincent Murphy

(Residence in Baltimore: No. 2923 St. Paul St.; yrs. 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: January 31, 1880 (Month), 1 (Day), (Year)

7-AGE: 36 yrs. 5 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): National Sugar Co.

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Francis P. Murphy

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Ellen E. Scanlon

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis P. Murphy

(Address) 2923 St. Paul St.

15- Filed JUL 10 1916 ROBERT . KRAUTH Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct —, 1915, to, July 1916, that I saw h[illegible] alive on July 7 1916, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 12 yrs. mos. ds.

Contributory (SECONDARY) Pulmonary Hemorrhage

(Duration) yrs. mos. 10 days

(Signed), Hamilton S. Beck M. D.

July 10, 1916 [Address] 202 E Preston

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	7/11/16, 191
20-UNDERTAKER: Henry W. Means & Son	ADDRESS: 105 N. Calvert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96448

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96448 C96448

CERTIFICATE OF DEATH.

× 39

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 St.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Powell

(Residence in Baltimore: No. University Md Hosp. St.; .....yrs., ...mos. 28 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, Black | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1899
(Month) (Day) (Year)

7-AGE, 17 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, H. M. Powell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Agnes Wells

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H Bankard & Sons

(Address) Westminster Md

15-

Filed JUL 10 1916, 191.....

ROBERT . KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-12 1916, to 7-10 1916, that I saw h[illegible] alive on 7-10 1916 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
and fecal fistula
fecal fistula
(Duration) ..... yrs. ..... mos. 2 1 ds.

CONTRIBUTORY (Secondary) Operation Removal of Tubes & Ovaries - Gonococcus
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H Mustin M. D.

7/10, 191.6 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 28 ds. In the State Life

Where was disease contracted, if not at place of death? .....

Former or usual residence Westminster Md.

19-PLACE OF BURIAL OR REMOVAL, Westminster | DATE OF BURIAL, 7/12th, 1916

20-UNDERTAKER H Bankard & Son | ADDRESS Westminster Md

C96449

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96449

143

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 501 N. Carey ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Elizabeth Pohlhaus.

(Residence in Baltimore: No. 501 N. Carey St.: 59 yrs. 8 mos. 8 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX female

4-COLOR OR RACE W

5-~~SINGLE, MARRIED WIDOWED OR DIVORCED~~ (Write the word) Married

6-DATE OF BIRTH Oct 21, 1856 (Month) (Day) (Year)

7-AGE 59 yrs. 8 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Ashendorf Germany

PARENTS

10-NAME OF FATHER unknown

11-BIRTHPLACE OF FATHER (State or country) Burg Germany

12-MAIDEN NAME OF MOTHER Ter-Vert

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John. W. Pohlhaus

(Address) 3018. O. Lowell St.

15- Filed JUL 10 1916 191 ROBERT . KRAUS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July 8, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1916, to July 8 1916, that I saw her alive on July 8, 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Carbuncle
Infection Loco-Iliac
joint + Anemia

(Duration) — yrs. — mos. 21 ds

Contributory (SECONDARY) Septicemia acute

(Duration) — yrs. — mos. 2 ds.

(Signed) H. T. Owens M. D.

July 9, 1916. (Address) 1042 Eden Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL New Cathedral — DATE OF BURIAL July 11, 1916.

20-UNDERTAKER H. Brauning Son — ADDRESS 511 Schroeder St

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C96450

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Offord ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannie Brent

(Residence in Baltimore: No. 531 Offord St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 1, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Wilmington, Del

PARENTS.

10-NAME OF FATHER, Howard Brent

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Brent

(Address) 524 S. Mary Ch.

15-

Filed JUL 10 1916 191... ROBERT . KRAUT... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9th, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 13th, 1916, to July 9th, 1916, that I saw h.. alive on July 3rd, 1916, and that death occurred, on the date stated above, at 5A. m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

..... (Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Fue Chis M. D.

July 9th, 1916 (Address) 924 Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, July 11, 1916.

20-UNDERTAKER John A. Bishop — ADDRESS 1107 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 96451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

96451

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2710 Elliott st ST.: 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Deegan

(Residence in Baltimore: No. 2710 Elliott St

St.: yrs. 50 mos. ~~da.~~

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, March 3, 1866
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
65 yrs. 4 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Watchman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. James Deegan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Catherine Mallory

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informa... Emma Wolfgram

(Address) 2710 Elliott St.

15- JUL 11 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease
Several year
(Duration) yrs. mos. ds.
CONTRIBUTORY Chronic Enteritis
(Secondary)
Several year
(Duration) yrs. mos. ds.

(Signed) Thomas Ryan M. D.
(Coroner.)
July 8, 191 6 (Address) Thomas Ryan Emergency

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Balto. Cemetery
DATE OF BURIAL. July 11, 1916

20-UNDERTAKER Lilly & Zeiler
ADDRESS 405 S. Mayo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96452 — 47 — C96452

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 Wilcox ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. O'Brien.

(Residence in Baltimore: No. 1037 Wilcox St.; 48 yrs., 9 mos. 2 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wh

5-~~SINGLE, MARRIED, NEVER MARRIED, WIDOWED, OR DIVORCED,~~ Widower, (Write the word.)

6-DATE OF BIRTH, Oct (Month) 7 (Day), 1867 (Year)

7-AGE, 48 yrs. 9 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country) Balto City Md.

PARENTS.

10-NAME OF FATHER, Patrick O'Brien

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Francis Fealey

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs O'Brien

(Address) 1037 Wilcox St

15-

Filed JUL 11 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916 to July 9th 1916, that I saw h[illegible] alive on July 9th 1916, and that death occurred, on the date stated above, at 11.45 A.m.

The CAUSE OF DEATH* was as follows:

Articular Rheumatism

(Duration) .....yrs. .....mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) C. K. Jencks M. D.

July 9, 1916 (Address) 841 W. Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's (Govanstown) — DATE OF BURIAL, July 12, 1916

20-UNDERTAKER Mrs. A. Rohde & Son — ADDRESS 730 Pa Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96453 — 96453

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter D Thomas

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., ...mos. 6ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 22 (Day), 1863 (Year)

7-AGE, 53 yrs. ... mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. R. R. Material
(b) General nature of industry, business, or establishment in which employed (or employer). Business

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, E. C. Thomas Jr.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary J. Gene.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Phelps

(Address) Johns Hopkins Hosp.

15- Filed JUL 11 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1916, to July 10th 1916, that I saw him alive on July 10th 1916, and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows:

Melanotic Sarcoma Liver

Autopsy (Duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Extension Metastasis Cachexia

(Duration) yrs. mos. ds.

(Signed) Geo. K. Rhodes M. D.

July 10, 1916. (Address) Johns H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 612 American Bank Bldg. Richmond Va

19-PLACE OF BURIAL OR REMOVAL, Richmond Va DATE OF BURIAL, July 13 191..

20-UNDERTAKER George J. Smith ADDRESS Baltimore Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96454 C96454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

62

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 Garrison ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Davis Jr

(Residence in Baltimore: No. 2502 Garrison St.; 58 yrs. 4 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb (Month) 19 (Day), 1858 (Year)

7-AGE, 58 yrs. 4 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Court stenographer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, John C. Davis

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Maria Jarvis

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma J Davis

(Address) 2502 Garrison Av

15- Filed JUL 11 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 23 1911, to July 9 1916, that I saw h in alive on July 9 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Concussion

(Duration) yrs. mos. ds.

(Signed) H. E. Krug M. D.

July 11, 1916. (Address) 1602 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence?

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery DATE OF BURIAL, July 11, 1916

20-UNDERTAKER George J Smith ADDRESS 1800 W Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96455

CERTIFICATE OF DEATH.

40 C96455

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 E. Fayette St ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Krome Josephson

(Residence in Baltimore: No. 1120 E. Fayette St St.; 25 yrs.,.....mos.....ds.)

N. B. CAUSE OF DEATH must be certified to carefully, supplied. Also, if possible, PLACE OF OCCURRENCE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH. Unknown (Month) — (Day), 1848 (Year)

7-AGE. 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E. Baltimore St.

15-JUL 11 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 12, 1915, to July 10, 1916, that I saw her alive on July 10, 1916, and that death occurred, on the date stated above, at 3:45 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of liver

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Jno M. Wachs M. D.

July 11, 1916. (Address) 1807 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mehrin Herrin Run — DATE OF BURIAL, July 11 191 6

20-UNDERTAKER, Jack Lewis — ADDRESS 1411 E Balto St

B 196456 C96456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Church Home St. Paul WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Bellman,

(Residence in Baltimore: No. 836 Kenwood a, St.; Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 22 1872
(Month) (Day) (Year)

7-AGE, 43 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Shipbuilder

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Bellman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Conner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bellman

(Address) 836 Kenwood a

15- FILED JUL 11 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism

Hit by automobile

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H K Ensley M. D.
(Coroner.)

191... (Address) City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence 836 Kenwood Ave

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, July 11, 1916

20-UNDERTAKER H Sanders & Sons

ADDRESS 1710 East

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13 C96457 HEALTH DEPARTMENT--CITY OF BALTIMORE C96457

CERTIFICATE OF DEATH

42

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 1802 Riggs Ave St.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche W. Lehmen

(Residence in Baltimore: No. 1802 Riggs Ave St.: 40 yrs. 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 1 (Day), 1876 (Year)

7-AGE: 40 yrs. 2 mos. 8 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Jacob Hoffenberger

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary L. Kaiser

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas J. Lehmen

(Address) 1802 Riggs Ave

15 ... JUL 11 1916 — HARRY C. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1916, to July 9, 1916, that I saw h[illegible] alive on July 8, 1916, and that death occurred, on the date stated above, at 9,20 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Acute anemia

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Bernard Purnell Bruce M. D.

July 10, 1916 (Address) 1039 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: July 12, 1916

20-UNDERTAKER: Robt S. Little — ADDRESS: [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96458 C96458

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 107 W. Montgomery ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Wrights

(Residence in Baltimore: No. 107 W Montgomery St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, June 21 (Month) (Day), 1856 (Year)

7-AGE, 60 yrs. — mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Accomack Co Va

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Mary Bird

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Wright

(Address) 107 W. Montgomery St

15 JUL 11 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to July 1916, that I saw her alive on July 1 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

1. Valvular Heart Disease
2. Chronic Nephritis
3. Uremia
4. Likely Several (Duration) yrs. mos. ds.

CONTRIBUTORY, (Secondary) Pneumonia Lobular

(Duration) yrs. 2 mos. ds.

(Signed) L. H. Keene M. D.

, 191... (Address) 632 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, July 11, 1916.

20-UNDERTAKER N. L. Brown's Son

ADDRESS 10 W. Monty

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96459 170 C96459

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. Md General Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Keago Kean

(Residence in Baltimore: No. 709 W. Pratt St.; 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown 1873
(Month) (Day) (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sign
(b) General nature of industry, business, or establishment in which employed (or employer): Manufacturer

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, John Kean.

11-BIRTHPLACE OF FATHER (State or Country), New York.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Kean

(Address) 709 W. Pratt St.

15- Filed JUL 11 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19, 1916, to July 11, 1916, that I saw h[illegible] alive on July 11, 1916, and that death occurred, on the date stated above, at 2.40 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
+ Uraemic convulsions

(Duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Hewetson M. D.

7-11-, 1916. (Address) Md General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 43 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 709 W. Pratt.

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem. DATE OF BURIAL, July 12, 1916

20-UNDERTAKER J Kean and Son ADDRESS 901 Hollins St.

N.B. ENTRIES must be made in plain black ink. AGE should be entered in every case. The CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96460 C96460

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S Sharp ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kamarouskyi

(Residence in Baltimore: No. 215 S Sharp St. yrs. mos. 6 ds.)

B

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 5 (Day), 1916 (Year)

7-AGE, ... yrs. ... mos. 6 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Adam Kamarouskyi

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Mary Kamarouskyi

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kamarouskyi

(Address) 215 So. Sharp St.

15- Filed JUL 11 1916, HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to July 11 1916, that I saw h er alive on July 10 1916, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Intestinal Hemorrhage

Acute Intestinal Intoxication

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward F. Kraus M. D.

July 11, 1916. (Address) 1 Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 6 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted if not at place of death? 215 So. Sharp St

Former or usual residence 215 So. Sharp St

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus

DATE OF BURIAL, July 14, 1916.

20-UNDERTAKER John Gelsinanas

ADDRESS 600 S Paca St

I. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

B C96461

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96461

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Shuter St ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalie Maroucek

(Residence in Baltimore: No. 823 Shuter St. St.; 6 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 3 (Day), 1905 (Year)

7-AGE, 10 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Custer Maroucek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Theresa Lamar

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Custer Maroucek

(Address) 823 Shuter st

15-

Filed JUL 11 1916, 191.....

MARY C. ANDREWS

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 8 1916, to July 9 1916, that I saw her alive on July 9 1916, and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Uremia

(Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute endocarditis

pericarditis (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Frank D. Smith M. D.

July 11, 1916. (Address) 1126 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 12 1916

20-UNDERTAKER Faul & Crack Son — ADDRESS 1004 Eastland Ave

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. Typewriting should be used if it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C96462

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96462

CERTIFICATE OF DEATH.

169

REGISTERED NO. C.....

1-PLACE OF DEATH City Morgue.

CITY OF BALTIMORE (No. Patapsco River ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Larsen

(Residence in Baltimore: No. Now Resident St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Unknown

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
Over 15 yrs.....mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)..... on Norwegian Steam Ship

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert T. Turner

(Address) 1442 N. Broadway

15- HARRY C. ANDREWS

Filed JUL 11 1916 Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Accidental Drowning

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Henry Myon Russ Co. M. D.
(Coroner)

July 11, 1916. (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid's Cemetery	July 11th 1916
20-UNDERTAKER	ADDRESS
Robt T. Turner	1442 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

W3776

C96463

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 66 C96463

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 2654 Boone St.: 9 WARD) (if death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Pack

(Residence in Baltimore: No. 2654 Boone St. St.: 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: Col | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1872 (Year)

7-AGE: 44 yrs. mos. ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Builder

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Louis Pack

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Colbert

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Pack

(Address) 2654 Boone St.

JUL 11 1916 Filed ....., 191

HARRY U. ANDREW
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to July 9 1916 that I saw h[illegible] alive on July 9 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Paralysis of left side

..... (Duration) ..... yrs. ..... mos. 9 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. Garland Schmelz M. D.

July 11, 1916 (Address) 1534 O. St. Nw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Arnold Station | DATE OF BURIAL: 7/11/1916

20-UNDERTAKER: Jas. L. Hawley & Son | ADDRESS: 5784 Belle

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

C96463

HEALTH DEPARTMENT

Spec.—8-24-14—M. & T.—2000 Bks.

C96464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 120 C96464

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 Hollins ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herr F Ackerman

(Residence in Baltimore: No. 1628 Hollins St.; 43 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. January (Month) 3 (Day), 1873 (Year)

7-AGE. 43 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mech. Engineer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). State New Jersey.

PARENTS.

10-NAME OF FATHER. John Ackerman

11-BIRTHPLACE OF FATHER (State or Country). State New Jersey

12-MAIDEN NAME OF MOTHER. Josephine Feller

13-BIRTHPLACE OF MOTHER (State or Country). State New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Ackerman

(Address) 1628 Hollins St.

15- Filed JUL 11 1916 HARRY C. ANDREWS Burial Permit Clerk 101 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1916, to July 10 1916, that I saw h— alive on July 9th 1916, and that death occurred, on the date stated above, at 2 a. m.

(The CAUSE OF DEATH* was as follows:

Sudden a Heart Paralysis

Sudden (Duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(Duration) ....yrs. 8 mos. ....ds.

(Signed) T. H. R. Phillips M. D.

7/10, 1916. (Address) 1761 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. 7/12, 1916

20-UNDERTAKER William Cook

ADDRESS 526 North ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 154 C96465

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S. Carrollton ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Bell

(Residence in Baltimore: No. 24 S. Carrollton ave St.; 66 yrs., 6 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May (Month) 13 (Day), 1850 (Year)

7-AGE, 66 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Smith

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Mary M Day

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Barbara Kerk

(Address) 24 S Carrollton

15- Filed JUL 11 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to July 10 1916, that I saw him alive on July 7 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Inanition of age

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ...yrs. 1 mos...ds.

(Signed) Geo Barnes M. D.

7-14-16, 191.. (Address) 130 W Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ridge Cemetery DATE OF BURIAL, July 13.., 1916

20-UNDERTAKER Wm Cook ADDRESS 530 E Hoff

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96466 C96466

CERTIFICATE OF DEATH.

170

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225 Holbrook ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Finaly Griffith

(Residence in Baltimore: No. 1225 Holbrook St.; Life 82 yrs., 4 mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. March (Month) 9 (Day), 1834 (Year)

7-AGE. 82 yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edward Griffith

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME & OF MOTHER Evelyna Moore

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Priscilla Griffith

(Address) 1225 Woolbrook Street

15- Filed JUL 11 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 9th (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1st 1916, to July 9th 1916, that I saw h[illegible] alive on July 9th 1916, and that death occurred, on the date stated above, at 6.10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Augustus Horn M. D.

July 11, 1916 (Address) 40 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 11, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Dr August Horn 40- E-25th Street 3 P M

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96467 104 C96467

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N. Bradford ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerry Charles Kriz

(Residence in Baltimore: No. 812 N. Bradford St St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, October 24th, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Matheo Kriz

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Hlavicka

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matthew Kriz

(Address) 812 N. Bradford St.

15- JUL 11 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 7 1916, to July 10 1916, that I saw h[illegible] alive on July 10 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

.....

.....

..... (Duration) ....yrs. ....mos. 2½ ds.

CONTRIBUTORY (Secondary) Endocarditis

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) H. J. Krauss M. D.

July 10, 1916 (Address) 1208 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem.

DATE OF BURIAL, July 12, 1916

20-UNDERTAKER Geo. M. Fiss

ADDRESS 811 N. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96468

CERTIFICATE OF DEATH.

28 C96468

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1551 N. Gilmor ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James B. Sinnott Jr.

(Residence in Baltimore: No. 1551 N. Gilmor St.; 17 yrs., — mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. July 3 19, 1899.
(Month) (Day) (Year)

7-AGE. 17 yrs. — mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Not any
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. James B. Sinnott Sr

11-BIRTHPLACE OF FATHER (State or Country). Balto City

12-MAIDEN NAME OF MOTHER. Grace Stone

13-BIRTHPLACE OF MOTHER (State or Country). Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. B. Sinnott Jr

(Address) 1551 N. Gilmor St

15- Filed JUL 11 1916 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1916, to July 9th 1916, that I saw h.... alive on July 9th 1916, and that death occurred, on the date stated above, at 8 15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute hypocarditis

..... (Duration) yrs. mos. 3 ds.

(Signed) H. Thomas Sullivan M. D.

July 9th, 1916. (Address) 1701 W. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral — DATE OF BURIAL. July 12, 1916.

20-UNDERTAKER M. Fahey & Sons — ADDRESS 644 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C96469

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96469

155

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 21 WARD)

2-FULL NAME Amelia Schmidt

(Residence in Baltimore: No. 708 Ramsey St.: 34 yrs., 10 mos. 27 ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH. August 17, 1881
(Month) (Day) (Year)

7-AGE, 34 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Henry Heinzmann

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER anna Yackel

13-BIRTHPLACE OF MOTHER (State or Country), Baltmd

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Heinzmann

(Address) 908 Ramsey

15- Filed JUL 14 1916, 191..... HARRY C. ANDREWS Registrar.

Burial Permit Block

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9, 191 6.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strychnine
Suicide by Poisoning administered by herself (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Nephritis = Uraemia (Duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Riley M. D.
(Coroner.)

July 10 1916 (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 2 hrs Life yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 708 Ramsey St

Former or usual residence 708 Ramsey St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	July 11, 1916

20-UNDERTAKER Jos Block ADDRESS 1003 W. Baltimore St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B C96470 — 28 — C96470

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rubin L. Levine

(Residence in Baltimore: No. Hebrew Hospital St.; ..... yrs., 1 mos. 6 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1861 (Year)

7-AGE, 55 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Peddler
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1411 E Baltst

15- HARRY C. ARTHURS

Filed JUL 11 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6, 1916, to July 10, 1916, that I saw him alive on July 10 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus &
Phthisis
Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Miliary Tuberculosis

(Duration) Unknown yrs. ..... mos. ..... ds.

(Signed) M. B. Levin M. D.

7/10..., 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 6 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Hagerstown, Md

Former or usual residence Hagerstown Md.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Road — DATE OF BURIAL, July 11, 1916

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Baltst

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96471 104 C96471

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 878 Lemon St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Honnie L. Homberg

(Residence in Baltimore: No. 878 Lemon St.; ..... yrs., ... mos. 22 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 18 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Henry Homberg

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Nellie McGary

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie McGary

(Address) 878 Lemon St

15- Filed JUL 11 1916 ....., 191.... HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1916, to July 10 1916, that I saw her alive on July 10 1916, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

..... Acute Dilo-Colitis

..... (Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, July 11..., 191.6.

20-UNDERTAKER John Thomas & Son — ADDRESS 901 Hollins St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96472

1 PLACE OF DEATH

REGISTERED No. C 28

CITY OF BALTIMORE (No. 2302 Etting St.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ruth E Galloway

(Residence in Baltimore: No. 2302 Etting St.: 4 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: December (Month) (Day), 1900 (Year)

7 AGE: 16 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto city.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James H. Dennis

(Address) 1303 Presstman st

15. Filed JUL 11 1916, 19 ROBERT . KRAUTH
or [illegible] permit issued
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1916, to July 9 1916, that I saw h[illegible] alive on July 9, 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Pyogenic Tuberculosis

(Duration) yrs. 3 mos. 7 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. H. Mc[illegible] M. D.

July 11, 1916 (Address) 1303 W. Lorton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn and

DATE OF BURIAL: July 11, 1916

20 UNDERTAKER: James H. Dennis

ADDRESS: 1303 Presstman

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96473

CERTIFICATE OF DEATH.

104 C96473

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; ..... WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Bowman

(Residence in Baltimore; No. St. Elizabeths St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Apr. 12, 1914
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo. E. Bowman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-~~MAIDEN~~ NAME OF MOTHER Monnie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister St Elizabeths Home

(Address) St. Paul St.

15- Filed JUL 11 1916, 191.....

ROBERT . GRAU
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 2 1916, to July 10 1916, that I saw h[illegible] alive on July 10 1916, and that death occurred, on the date stated above, at 8:00 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

Acute (Duration) ..... yrs. 1 mos. 0 ds.

CONTRIBUTORY, (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Jenick M. D.

July 10, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 18 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? St Elizabeths Home

Former or usual residence St Elizabeths Home

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, July 11, 1916

20-UNDERTAKER George H. Holland ADDRESS 517 Robert St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96474

CERTIFICATE OF DEATH.

37 96474

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvester Hawkins

(Residence in Baltimore: No. 847 Bond & St St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Ammunition maker

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert & 26

15 JUL 11 1916 ROBERT J. KRAUTER, Registrar of Vital Statistics

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 10 1916, that I saw h.. alive on July 10 1916, and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration Not Known

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Mall M. D.

July 10, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 847 Bond St

Former or usual residence 847 Bond St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, July 12 1916.

20-UNDERTAKER John J Cowan Son

ADDRESS 101 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96475 104 C96475

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Fell ST.; V WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Veronika Kaliszak

(Residence in Baltimore: No. 927 Fell St.; ..yrs., 6 mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Jan. (Month) 9 (Day), 1916. (Year)

7-AGE. ..yrs. 6 mos. 2 ds.

If LESS than 1 day, ..hrs. or ..min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Sta. Kaliszak

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Julia Weber

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Weber

(Address) 927 Fell St

15-JUL 11 1916 ROBERT KRAUTHEIM Burial Permit Clerk

Filed ..., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to July 11 1916, that I saw her alive on July 10 1916, and that death occurred, on the date stated above, at 6a .m.

The CAUSE OF DEATH* was as follows: Cholera Infantum

..... (Duration) ..yrs. ..mos. 3 ds.

CONTRIBUTORY (Secondary) —

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) John H. Rehburgh M. D.

July 11, 1916 (Address) 170 Gilmor Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rozary Cem

DATE OF BURIAL. July 12, 1916.

20-UNDERTAKER Jacob Zialkowski

ADDRESS 428 Bond St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96476

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

146

C96476

B

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1811 N. Port St. ST.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Rommel

(Residence in Baltimore: No. 1811 N. Port St. St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widowed

6-DATE OF BIRTH Oct. (Month) 14, (Day) 1858 (Year)

7-AGE 58 yrs. 8 mos. 5 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Dairy Farm

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Geo. S. Rommels

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Katie Ridder

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Rommel

(Address) 1811 N. Port St.

15 Filed 7/11, 1916 ROBERT J. KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July (Month) 9, (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1916, to July 9. 1916, that I saw him alive on July 9. 1916, and that death occurred, on the date stated above, at 10:40 P. m.

The CAUSE OF DEATH* was as follows:

Acute mastoiditis

(Duration) yrs. 2 mos. 13 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. D. Steeneken M. D.

July 10, 1916 (Address) 4005 Freemont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Johns Cemetery

DATE OF BURIAL: July 12th 1916

20-UNDERTAKER: Frederick Lassehue & Sons

ADDRESS: Fullerton Md.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.--8-24-14—M. & T.—2000 Bks.

Anna Parsons

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96477 150 C 96477

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 N. Luzerne Av ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Parsons

(Residence in Baltimore: No. 739 N. Luzerne Av ST.; Wife yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 11 th, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
...yrs...mos...ds.	...hrs. or...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Govts Md

PARENTS.

10-NAME OF FATHER, Harry A. Parsons

11-BIRTHPLACE OF FATHER (State or Country), Govts Md.

12-MAIDEN NAME OF MOTHER Anna Bruckheid

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry A Parsons

(Address) 739 N Luzerne Ave

15- JUL 11 1916 Burial Permit Issued

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11 th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 th 1916, to July 11 1916,
that I saw her alive on July 11 1916,
and that death occurred, on the date stated above, at 11¼ a. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation

Premature 7 mo in utero

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

(Signed) C. L. Meyer Jr M. D.

7/11/16, 191.. (Address) 701 N. Arlington Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 11 th, 1916.

20-UNDERTAKER James Dignan Son — ADDRESS 1008 E Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

B C96478 C96478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 N. Fulton Ave. St.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Eliza Myers

(Residence in Baltimore: No. 638 N. Fulton Ave St.; 69 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, July (Month) 10 (Day), 1847 (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Haynie

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Elizabeth Clark

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Wheeler

(Address) 106 N. Stan St.

15- JUL 11 1916 191 ROBERT ... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 1916, to July 10 1916, that I saw her alive on July 9 1916, and that death occurred, on the date stated above, at 12:35 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ½ ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Lawson M. D.

July 10, 1916 (Address) 2017 E. Balto. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, July 12, 1916

20-UNDERTAKER H. E. Hughes

ADDRESS 17. S. Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 10

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96479 C96479

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 E. 21st St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Ella Fallon

(Residence in Baltimore: No. 717 E. 21st St.; ...yrs., 40 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH June 5, 1866
(Month) (Day) (Year)

7-AGE 50 yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Matron
(b) General nature of industry, business, or establishment in which employed (or employer): N. W. Police Station

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Keenan

11-BIRTHPLACE OF FATHER (State or Country), James W. Keenan Va

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Ella Daugherty

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Brady

(Address) 717 E. 21st St.

15- JUL 11 1916 Filed ...., 191...
ROBERT ... KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25. 1916 to July 10. 1916, that I saw h[illegible] alive on July 9. 1916, and that death occurred, on the date stated above, at 4.25 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ...yrs. 5 mos. ...ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) ...yrs. ...mos. 10 ds.

(Signed) Mary F. Volpleim M. D.

July 10, 1916 (Address) 1025 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, July 12, 1916

20-UNDERTAKER H. C. Wadefield — ADDRESS 914 Gorman Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96480 C96480

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Division ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Callery

(Residence in Baltimore: No. 1508 Division St.; Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 17th, 1884 (Month) (Day) (Year)

7-AGE, 31 yrs. 11 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gen. Mgr.
(b) General nature of industry, business, or establishment in which employed (or employer): Mut. Adv. Co.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thos. Callery

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie McCormick

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary Callery

(Address) 1508 Division Street

15- JUL 11 1916 191.....

ROBERT J. KRAUSE
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5th 1916, to July 8th 1916, that I saw h[illegible]ive on July 8th 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.

July 9th 1916. (Address) 1006 E. Fay. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. [illegible] mos. at the State [illegible] yrs. mos. ds.

Where was disease contracted, if not at place of death? Place of death

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL, July 12th, 1916

20-UNDERTAKER H. C. Windfeld ADDRESS 914 Greenmount Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 C96481 — 120 — C96481

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2562 W. Fayette — St. 20 — WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob B. Hammel

(Residence in Baltimore: No. 2562 W. Fayette — St.: 2 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: May (Month) 6 (Day), 1853 (Year)

7-AGE: 63 yrs. 2 mos. 4 ds. — If LESS than 1 day: ....hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Rd Occupation

9-BIRTHPLACE (State or country): Maryland Balto

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma C. Hammel

(Address) 2562 W. Fayette St

15- JUL 11 1916 — ROBERT , KRUITH, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25, 1916, to July 10 1916, that I saw h-im alive on July 10, 1916, and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Uremia

(Duration) yrs. 24 hours mos. ds.

(Signed) Wm. Grant M. D.

July 10, 1916. (Address) 1925 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cty. — DATE OF BURIAL: July 13 1916

20-UNDERTAKER: Liston T. Russelburg — ADDRESS: 1220 St Paul st.

C96482

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C96482

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1900 Maryland Ave 17 St.; WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Benjamin Handy

(Residence in Baltimore: No. 1900 Maryland Ave St.; 44 yrs. mos. ds.).

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March 14th, 1854 (Month) (Day) (Year)

7 AGE: 62 yrs. 5 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Steveda with Old
(b) General nature of industry, business, or establishment in which employed (or employer): Bay Line

9 BIRTHPLACE (State or country): Snow Hill - Md. -

PARENTS

10 NAME OF FATHER: Benjamin Handy.

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Tubman

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Handy

(Address) 1900 Maryland Ave

15 JUL 11 1916 ROBERT . KRAUTER, (Burial) Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 11th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8th, 1916, to July 11th 1916, that I saw him alive on July 11th, 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Wm Conrad Bode M. D.

July 11th, 1916 (Address) 1905 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem. — DATE OF BURIAL: July 13th 1916

20 UNDERTAKER: George H. Holland — ADDRESS: 517 Robert St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96483 C96483

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 330 S. Caroline ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Nelson

(Residence in Baltimore: No. 330 S. Caroline St.; ... yrs., 8 mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 13, 1884 (Month) (Day) (Year)

7-AGE, 31 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Pianist
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Downs Nelson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Nelson

(Address) 330 S. Caroline St.

15- JUL 11 1916 191... ROBERT KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21, 1916, to July 9, 1916, that I saw h[im] alive on July 8, 1916, and that death occurred, on the date stated above, at 11 9 m.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal Catarrh?
Phthisis pulmonalis
(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Bronchiectasis
(Duration) ... yrs. ? mos. ... ds.

(Signed) J. C. Robinson M. D.

July 9 191 6 (Address) 1520 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem. DATE OF BURIAL, July 12th, 1916.

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Orkney

Spec.—8-24-14—M. & T.—2000 Bks.

B C96484 X 2 C96484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Sowers.

(Residence in Baltimore: No. University Hospital St.; yrs., mos. 2 ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 23, 1909 (Month) (Day) (Year)

7-AGE, 7 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Harry E. Sowers.

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER Emma Kiss

13-BIRTHPLACE OF MOTHER (State or Country), Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry E. Sowers

(Address) Riderwood Md.

15- JUL 12 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to July 11 1916, that I saw h[illegible] alive on July 11 1916, and that death occurred, on the date stated above, at 115 a m.

The CAUSE OF DEATH* was as follows:

Acute Tetanus

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lacerated wound of thigh Accidental fall from Porch

(Duration) yrs. mos. 5 ds.

(Signed) Harry M. Stein M. D.

July 11, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. [illegible] mos. ds.

Where was disease contracted, if not at place of death? at Residence

Former or usual residence Riderwood Md.

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, July 13th 1916

20-UNDERTAKER, James Dignan & Son ADDRESS 1000 S Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96485 — C96485

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 S. Eden st ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Embers

(Residence in Baltimore: No. 12 S. Eden st St.; 29 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Unknown (Month), (Day) 1862 (Year)

7-AGE.	If LESS than 1 day,
54 yrs. — mos. — ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or estsblishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER. David Rosenstein

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Baltimore st

15- Filed JUL 12 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 29 1916, to July 5 1916, that I saw h[illegible] alive on July 5 1916, and that death occurred, on the date stated above, at 5-50 p m.

The CAUSE OF DEATH* was as follows:

Myelitis (Myeloma[illegible])

(Duration) about 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) bed sores infected & cystitis

(Duration) — yrs. — mos. — ds.

(Signed) C. M. Byrnes M. D.

July 12, 1916 (Address) 207 E Preston St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 0

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Southern ave Bel air Rd. DATE OF BURIAL, July 12, 1916.

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balt st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96486 — C96486

CERTIFICATE OF DEATH.

43

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Elmira Ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Caroline Ellen Gray

(Residence in Baltimore: No. 2505 Elmira Ave St.: 47 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Nov (Month) 1 (Day), 1869 (Year)

7-AGE, 47 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, James Kettle

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER, Caroline Richardson

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Ellen Gray

(Address) 2505 Elmira Ave

15- Filed JUL 12 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1916, to July 10 1916, that I saw her alive on July 10 1916, and that death occurred, on the date stated above, at 7:45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma - both lungs.
Cancer infiltration retroperitoneal spaces - pleura.
(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cancer rt. breast
(Duration) yrs. 2 ? mos. ds.

Discovered four years ago, under treatment
(Signed) H. L. McCarty M. D.
July 10, 1916 (Address) 37 W. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, July 13, 1916.

20-UNDERTAKER Harry W. Ehlen ADDRESS 1914 N. Monta Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96487 — C96487

CERTIFICATE OF DEATH.

144

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Archibald Price

(Residence in Baltimore: No. 673 Canton St. St.: 45 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Negro	married

6-DATE OF BIRTH, (Month) (Day) (Year): Last week of, 1871

7-AGE, 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sample carrier
(b) General nature of industry, business, or establishment in which employed (or employer): Taylor Co.

9-BIRTHPLACE, (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: Alfred C. Price

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Jennie C. Price

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mary Booker

(Address): 609 Patterson Pk.

15- Filed JUL 12 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to July 11 1916, that I saw h[illegible] alive on July 11 1916, and that death occurred, on the date stated above, at 4 40 P. m.

The CAUSE OF DEATH* was as follows:

Pelvic abscess

Peritonitis

(Duration) ..... yrs. ..... mos. 18 hours ds.

CONTRIBUTORY (Secondary) Operation Exploratory

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. E. Holt M. D.

July 11, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 45 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 673 Pierce St

Former or usual residence 673 Pierce St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Md	July 13 191 6
20-UNDERTAKER Daniel T. Hundley	ADDRESS 578 N. Bridge

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96488 C96488

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 Fambert ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Campbell

(Residence in Baltimore: No. 538 Fambert St.; 45 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1871 (Year)

7-AGE, 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Harry Spurrell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Suzzie Gray

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hester Robinson

(Address) 538 Fambert St.

15- Filed JUL 12 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28, 1916, to July 10, 1916, that I saw h[illegible] alive on July 9, 1916, and that death occurred, on the date stated above, at 5.35 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert J. Green M. D.

July 12, 1916 (Address) 1218 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem

DATE OF BURIAL, 7/12, 1916

20-UNDERTAKER Saml F. Stanley

ADDRESS 578 N Eden

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH PENCIL MARK—THIS PERMIT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96489 150 C96489

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1259 Glyndon ave. WARD 24)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rufus Fowler.

(Residence in Baltimore: No. 1259 glyndon ave. St.; 0 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 11, 1916
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 3 hrs. or 16 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER John Fowler.

11-BIRTHPLACE OF FATHER (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER Elizabeth Holsey

13-BIRTHPLACE OF MOTHER (State or Country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed JUL 12 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-11 1916, to 7-11 1916, that I saw h[illegible] alive on 7-11 1916, and that death occurred, on the date stated above, at 4.15 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Acute
Alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Wolf M. D.

July 11, 1916. (Address) University Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetary. DATE OF BURIAL, July 12..., 1916.

20-UNDERTAKER James Leglon & Sons ADDRESS Iowa & Pacca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C96490

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96490

B

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 53 W. West. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sudie Jones.

(Residence in Baltimore: No. 53 W West. St.; — yrs., — mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, January, 1, 1916. (Month) (Day) (Year)

7-AGE, yrs. 6 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, William H. Jones

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Sudie Peterson

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sudie Jones

(Address) 53 W. West St

15- Filed JUL 12 1916, 191.. HARRY [illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July, 11, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July, 11, 1916, to July, 11, 1916, that I saw her alive on July, 11, 1916, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Toxaemia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Terminal Convulsions

(Duration) yrs. mos. 1/2 ds.

(Signed) D. Manderson M. D.

July 17, 1916 (Address) 172 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Furnace Branch — DATE OF BURIAL, July 12, 1916

20-UNDERTAKER A 460 John H Toadvine — ADDRESS 142 N Gilmor St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96491 64 C96491

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1146 E North Ave ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Parks

(Residence in Baltimore: No. 1146 E North Ave St.; Life yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 1st, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinest
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm H Parks

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Ann Tice

13-BIRTHPLACE OF MOTHER (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Parks

(Address) 1146 E North Ave

15- JUL 12 1916 HARRY C ANDERSON Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9th 1916, to July 10th 1916, that I saw h— alive on July 10th 1916, and that death occurred, on the date stated above, at 8 P.M. a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Geo. H. Haugoward M.D.

July 10th 1916 (Address) 2536 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery

DATE OF BURIAL, July 13, 1916

20-UNDERTAKER Geo Rossell

ADDRESS 1442 N Gay

2020

C96492

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96492

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 9 Penn St.; WARD) 4

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cadelia Jackson

(Residence in Baltimore: No. 9 Penn St. St.; yrs., 5 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown; 1 .....
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House work.
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Lewis Jackson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Francis Terriel

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis Jackson Jr.

(Address) 9 Penn St.

15- JUL 12 1916 Filed ..... 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia, following amputation of breast

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cancer of Breast

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Albert S. Driscoll M. D.
(Coroner)

July 11, 1916 (Address) 312 N Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, July 12 1916

20-UNDERTAKER John Owens

ADDRESS 1222 Division St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C96493 C96493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 349 - E - 21 ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Florence A. Clark.

(Residence in Baltimore: No. 349 E. 21th St

50

St.; yrs., 1 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, May 15 1866, (Month) (Day) 1 (Year)

7-AGE, 50 yrs. 1 mos. 25 dys. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thos W. Trenchard

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ella Westcott

13-BIRTHPLACE OF MOTHER (State or Country), N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. N. Trenchford

(Address) 3221 abel Ave

15- FILED JUL 12 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to her death on the date stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) ....yrs....mos....ds.

(Signed) John H. Morrison M. D.
(Coroner)

July 11, 1916. (Address) 3632 Rowland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, July 12 1916

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave

3632 Rowland ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96494 C96494 10

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2220 Cecil Ave ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick J Riley

(Residence in Baltimore: No. 2220 Cecil Ave St.; 29 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feby (Month) 2 (Day), 1858 (Year)

7-AGE, 58 yrs. 5 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Gardener
(b) General nature of industry, business, or establishment in which employed (or employer) Balto City

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Riley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Mulligan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Catherine Riley
(Address) 2220 Cecil Ave

15- JUL 12 1916 Filed, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to July 10 1916, that I saw h[illegible] alive on July 10 1916, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

[illegible]
Carc Mal Neoplasma

(Duration) yrs. mos. 40 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 10 ds.

(Signed) [illegible] M. D.
July 11, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, July 14, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E North

Dr Robinson 734 E Preston

Spec.—8-24-14—M. & T.—2000 Bks.

C96495 C96495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 N Chester ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isadore Ehrhardt

(Residence in Baltimore: No. 938 N Chester St.; 50 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 4 (Month), 1851 (Day) (Year)

7-AGE, 64 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stable Boss
(b) General nature of industry, business, or establishment in which employed (or employer): Baking House

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Lawrence Ehrhardt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eva Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ehrhardt

(Address) 938 N. Chester St.

15- JUL 12 1916 Filed 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4 1916, to July 10 1916, that I saw him alive on July 9 1916, and that death occurred, on the date stated above, at 5/15 p. m.

The CAUSE OF DEATH* was as follows:

Diffuse Nephritis and Cardiac Dilatation

(Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation and Hypertension (Duration) yrs. mos. 6 ds.

(Signed) Adolph E. Eisenberg M. D.

July 11, 1916. (Address) 201-03 W. Lows St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem — DATE OF BURIAL, July 13, 1916.

20-UNDERTAKER Tilly Zeiler — ADDRESS 403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

B C96496 43 C96496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1028 Druid Hill Av St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Jane Brown

(Residence in Baltimore: No. 1028 Druid Hill Av St.; 20 yrs., \ mos. \ ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1866 (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Wilson

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Charlotte Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Boyd

(Address) 939 S. Hanover

15- Filed JUL 12 1916 191 HARRY T. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July — 11 —, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to July 10 1916, that I saw her alive on July 10 1916, and that death occurred, on the date stated above, at 11 05 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

?

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma Breast

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) S. D. Hughes M. D.

July 12 1916 (Address) 1413 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, July 14, 1916

20-UNDERTAKER J. A. Bishop

ADDRESS 11 S Eutaw

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 096497 — 28 C 96497

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 Burgundy ST.: 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Louise Lewis

(Residence in Baltimore: No. 428 Burgundy St.: Lafayette mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April (Month) 29 (Day), 1878 (Year)

7-AGE, 38 yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, William Lemmon

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Maria Clemmons

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Lemmon

(Address) 621 L. Green St

15- Filed JUL 12 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1916, to July 12 1916, that I saw h er alive on July 8, 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. McDermott M. D.

July 12, 1916. (Address) 621 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn et. DATE OF BURIAL, July 17, 1916.

20-UNDERTAKER H. E. Brown & Son ADDRESS 1018 W. Monty

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96498

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 503 Mosher ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Daniels

(Residence in Baltimore: No. 50 B Mosher St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	Black.	single

6-DATE OF BIRTH, July 9, 1916
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or 3 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Wm Daniels

11-BIRTHPLACE OF FATHER (State or Country), S. Ca.

12-MAIDEN NAME OF MOTHER Marietta Hatton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marietta Daniels

(Address) 503 Mosher St.

15- JUL 12 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 1916, to July 9 1916, that I saw him alive on July 9 1916, and that death occurred, on the date stated above, at 5.05 P.m.

The CAUSE OF DEATH* was as follows:

.....Premature Birth.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY? .....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Edward D. Stark M. D.

July 10, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Mercy Hosp

Former or usual residence 503 Mosher St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	JUL 1
	....., 191...
20-UNDERTAKER	ADDRESS

Baltimore Health Commissioner

Consulted

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96499 C96499

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Miller.

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 2 hrs ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, July (Month) 6 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 2 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frederick Miller.

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary Eby.

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Miller

(Address) 616 Clinton Ave

15- Filed JUL 12 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1916, to July 6 1916, that I saw h er alive on July 6 1916, and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

..... Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward A. Leach M. D.

July 6, 191... (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence Md.

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL, Jul 10 1916, 191...

20-UNDERTAKER ..... ADDRESS .....

Commissioner Health.

FOR ANATOMICAL PURPOSES.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C96500

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96500

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1219 Hollins ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily J. Train

(Residence in Baltimore: No. 1219 Hollins ST.; 73 yrs. 10 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Aug. 16, 1842 (Month) (Day) (Year)

7-AGE: 73 yrs. 10 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Ireland, Ind

PARENTS

10-NAME OF FATHER: Robt. Rumpey

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Henrietta Lee

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr George H. Train

(Address) 1219 Hollins st

15- Filed JUL 12 1916, 19.. HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4, 1916 to July 11 1916

that I saw h[illegible] alive on July 11, 1916

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Anaemia
(Coma)
(Duration) 0 yrs. 0 mos. 7 ds

Contributory (SECONDARY) Chronic Nephritis
(Duration) 10 yrs. — mos. — ds.

(Signed) R. G. Brown M.D.

July 12, 1916 (Address) 1605 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: July 14, 1916

20-UNDERTAKER: John J. Fields — ADDRESS: 1800 E Monument st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96501 — 104 — C96501

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE. (No. 1183 Cleveland St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis J O'Loughlin

(Residence in Baltimore: No. 1183 Cleveland St. St.; ..... yrs., 9 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Sept 19, 1915 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 9 mos. 23 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or estsblishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William O Loughlin

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Ella Fitzpatrick

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William O Loughlin

(Address) 1183 Cleveland st

15- Filed JUL 12 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7th 1916, to July 12 1916, that I saw h.. alive on July 11 1916, and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary) D Entero M

..... (Duration) .....yrs. .....mos. 10 ds.

(Signed) Chas Reed D Mass M. D.

July 12, 1916. (Address) 1223 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	July 14, 1916.

20-UNDERTAKER	ADDRESS
John J. Field	1127 W Lombard st

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96502

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96502

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 Harford Av St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary S. Martin

(Residence in Baltimore: No. 1740 Harford Ave St.; 64 yrs., 2 mos. 23 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 17th (Day), 1852 (Year)

7-AGE, 64 yrs. mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Hilligenstadt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Grothe

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas F. Martin

(Address) 1740 Harford ave

15- Filed JUL 12 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14th 1916, to July 10th 1916, that I saw h[illegible] alive on July 9th 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

Duration yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Thrombosis

Duration yrs. mos. ds.

(Signed) C. W. Bolton M. D.

July 11th, 1916. (Address) 607 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	July 14th, 1916.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96503 — C96503

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1339 Poplar Grove St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arline Beneta Le Roux.

(Residence in Baltimore: No. 1339 Poplar Grove St.; 1 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, January 9, 1910
(Month) (Day) (Year)

7-AGE, 6 yrs. 6 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Eugene LeRoux

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Margaret Boyle

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Le Roux

(Address) 1339 Poplar Grove St.

15- Filed JUL 12 1916, 191.... HARRY C. ANDREAE, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to July 11 1916, that I saw her alive on July 11 1916, and that death occurred, on the date stated above, at 4.20 m.

The CAUSE OF DEATH* was as follows:

..... Diphtheria .....

..... (Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter A. Lee M. D.

7-12, 1916 (Address) Garrison & Lincoln

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. — DATE OF BURIAL, July 13, 1916

20-UNDERTAKER Geo A Gerber — ADDRESS Baltimore

4.30 P.M. Do

C

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

B96504 C96504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 N Bethel ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wm Linneman

(Residence in Baltimore: No. 1521 N. Bethel St.; 32 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 27 (Month) (Day), 1865 (Year)

7-AGE, 51 yrs. 6 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tinner
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frank Linneman

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Marie E. Steele

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. Linneman

(Address) 52 N. Bethel St.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1916, to July 10 1916, that I saw h[illegible] alive on July 10 1916, and that death occurred, on the date stated above, at 3.45 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute arterial Rheumatism

(Duration) yrs. 1 mos. ds.

(Signed) Alfred Weiman M. D.

July 11, 1916 (Address) 1532 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, July 13th 1916

20-UNDERTAKER Louis Steemann

ADDRESS 32 S. Broadway

Spec.—5-19-13—M. & T.—500 Bks.

13 C96505 64 C96505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 776 W Hamburg St ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecilia Kammer

(Residence in Baltimore: No. 776 W Hamburg St St.; 40 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, ... Jan (Month) ..... 2 (Day), 1847 (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 8 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Michael Reinhardt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Knell

(Address) 917 Columbia Ave

15- FILED JUL 12 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) ..... 11th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1916, to July 11 1916, that I saw her alive on July 10 1916, and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

..... Arterio Sclerosis .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Apoplexy .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw Boucek M. D.

July 12, 1916 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Holly Redeemer — DATE OF BURIAL, July 14, 1916

20-UNDERTAKER Knell & Son — ADDRESS 1729 W Pratt St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96506 C96506

REGISTERED No. C 186

(PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.

2-FULL NAME Iwan Rutka WARD)

(Residence in Baltimore: No. 1717 Aliceanna St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Age 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known 1
(Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Gas-pipes

9-BIRTHPLACE, (State or Country), Poland

PARENTS:

10-NAME OF FATHER, Jacob Rutka

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Mary Myoock

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Rutka

(Address) 1717 Aliceanna

15- Filed JUL 12 1916, 191. ROBERT J. KRAUTHOFF Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Pelvis - Caused by gas pipe accidentally rolling on him

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicaemia -

Edp (Duration) yrs. mos. ds.

(Signed) E. T. Ruby Coroner. M. D.

July 12, 1916 (Address) 1639 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 6 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 14 1916

20-UNDERTAKER, Wm. Frackowiak — ADDRESS 1618 E. Eastern Ave

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96507 C96507

CERTIFICATE OF DEATH.

13 104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislawa Mizejewska

(Residence in Baltimore: No. 312 S. Bond St.; 1 yrs., ... mos. 2 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 10 (Day), 1915 (Year)

7-AGE, 1 yrs. ..... mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Grzegorz Mizejewski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Klementyna Grodolska

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. Mizejewski

(Address) 312 S. Bond

15-

Filed JUL 12 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to July 12 1916, that I saw h[illegible] alive on July 10 1916, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Diarrhoea

(Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) A. T. Thies M. D.

July 12, 1916. (Address) 24 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, July 13 1916.

20-UNDERTAKER William Fiallowski ADDRESS 168 Eastern Ave

C96508

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96508

1 PLACE OF DEATH

REGISTERED NO. C 120

CITY OF BALTIMORE (No. Hahnemann Genl. Hospital St. 90 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Kinsler.

(Residence in Baltimore: No. 2807 Frederick Road St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: June 11 (Month) 1828 (Day) (Year)

7-AGE: 88 yrs. 1 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: John. Wyeth.

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Kline

(Address) 2807 Frederick Rd.

15 Filed JUL 12 1916, 191 ROBERT J. KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1915 to July 12 1916

that I saw h[illegible] alive on July 11, 1916

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Arterio-sclerosis

(Duration) 3 yrs. — mos. — ds

Contributory (SECONDARY) Uraemia

(Duration) — yrs. — mos. 2 ds.

(Signed) Stuart F. Freeman M. D.

July 12, 1916. (Address) 1227 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. one mos. 8 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, If not at place of death? —

Former or usual residence 2807 Frederick Road

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: July 14, 1916

20-UNDERTAKER: Edward Low ADDRESS: 901 Hollins St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96509

CERTIFICATE OF DEATH.

81

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Boone St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Kellett

(Residence in Baltimore: No. 2005 Boone St.; ....yrs.,....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	widow

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs.....mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Joseph Kellett

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J. J. Boyle

(Address) 2005 E. Boone St.

15- JUL 12 1916 ROBERT J. KRAUTER
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 191 6
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916, to July 14 1916,
that I saw h.....alive on.....191.....,
and that death occurred, on the date stated above, at.....m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) 5 yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincents Cem	July 14, 1916

20-UNDERTAKER	ADDRESS
Chas P. Evans & Son	1811 N. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96510 45 C96510

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1742 E Lafayette Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar T. Thurn

(Residence in Baltimore: No. 1742 E Lafayette Ave St.; ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ...Aug....13...., 1871
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
45 yrs. 11 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Retired.....
(b) General nature of industry, business, or establishment in which employed (or employer).....Retired Farmer.....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Thomas Thurn

11-BIRTHPLACE OF FATHER (State or Country), Balto. Cty

12-MAIDEN NAME OF MOTHER A. Rebecca Heaps.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Cty

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. M. Sears Thurn

(Address) 1743 E Lafayette Ave

JUL 12 1916

Filed....., 191... ROBERT . KRAUSE Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...July....11...., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 1915, to July 11 1916, that I saw h[illegible] alive on July 11 1916, and that death occurred, on the date stated above, at 9.45 p.m.

The CAUSE OF DEATH* was as follows:

Hypernephroma L. Malignant
disease in T. Renal region with
Hematuria a direct
..... (Duration).....yrs.....7.....mos.....ds. of a mos

CONTRIBUTORY (Secondary) Metastases in lungs
etc. (Duration).....yrs.....2.....mos.....ds.

(Signed) Dr. Wm. M. Sears Thurn M. D.

July 12., 1916. (Address) 1126 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	July 14, 1916
20-UNDERTAKER	ADDRESS
Elliott E Fuller	221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C96511

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 852 N. 37th. St.; 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Hewitt

(Residence in Baltimore: No. 852 N. 37th. St.; ... yrs., 1 mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. March (Month) 10 (Day), 1849 (Year)

7-AGE. 67 yrs. 4 mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Home Keeping

9-BIRTHPLACE, (State or Country), Tennessee.

PARENTS.

10-NAME OF FATHER. Thomas Farmer.

11-BIRTHPLACE OF FATHER (State or Country). Tennessee.

12-MAIDEN NAME OF MOTHER Ellen McClelland.

13-BIRTHPLACE OF MOTHER (State or Country), Tennessee.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. J. Hewitt

(Address) 852 N. 37 st.

15- Filed JUL 12 1916, 191. ROBERT J. KRAUTH Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 3rd 1916, to July 11th 1916, that I saw her alive on July 11th 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Asthenia
Senile Marasmus
Indefinite. (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (Duration) 24 hours

(Signed) Chas. J. Hewitt M. D.

July 12, 1916 (Address) 3435 Chestnut Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cem. DATE OF BURIAL. July 13, 1916

20-UNDERTAKER Ellsworth & Son. ADDRESS 3677 Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

B C96512 C96512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Eastern Ave ST.: 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Castantini

(Residence in Baltimore: No. 929 Eastern Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, January 3, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 6 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Jandido Clamon

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Lucia Gabbusa

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Castantini

(Address) 929 Eastern Ave

15- JUL 12 1916 ROBERT KRAETZER
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 191 6, to July 11 191 6, that I saw h... alive on July 11 191 6, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:
Clinical Neurasthenia & Obesity
Cancer (Breast)
(Carcinoma)
(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY
(Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wenten M. D.

July 12, 191 6 (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	July 13, 1916
20-UNDERTAKER	**ADDRESS**
Kendall Appleton	37 Lemmon St

N. B.—Every item of information should be carefully supplied. EXACT statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96513

CERTIFICATE OF DEATH.

113 C96513

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Gilliam ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Rocent

(Residence in Baltimore: No. 2708- 2710 Dillon St. St.: 41 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 41 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Store.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Keeper.....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Anthony Rocent

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Elizabeth

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Rocent.....

(Address)..2708 E. Dillon St.....

15-

Filed JUL 12 1916 ROBERT . KRAUTER, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1916, to July 12 1916, that I saw him alive on July 12 1916, and that death occurred, on the date stated above, at 1P. m.

The CAUSE OF DEATH* was as follows:

Chronic cirrhosis of liver

(Duration)...2 yrs.... mos.... ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) Unknown mos.... ds.

(Signed) A. M. Januzetti M. D.

July 12 191 6 (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, St Stanislaus Cem

DATE OF BURIAL, July 13 1916

20-UNDERTAKER Stefan Walkowski

ADDRESS 910 S Kenwood ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96514

CERTIFICATE OF DEATH.

28 C96514

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2706 Gilles; ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Zygay

(Residence in Baltimore: No. 2706 Gilles St; St.; 49 yrs. 3 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 3, 18..... (Month) (Day) (Year)

7-AGE, 49 yrs. 3 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

9-BIRTHPLACE, (State or Country), Germany

PARENTS:

10-NAME OF FATHER, Michael Zygaj

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Bizjiaska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Zygaj

(Address)

15- Filed JUL 12 1916, 191.... ROBERT . KRAUTHOFF Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 191, to July 11 1916, that I saw h alive on July 11 1916, and that death occurred, on the date stated above, at 9½ m.

The CAUSE OF DEATH* was as follows:

Pulm. tuberculosis

(Duration) yrs. Unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. J. G. Januszeski M. D.

July 12 1916 (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem

DATE OF BURIAL, July 13 1916

20-UNDERTAKER Henry Kraushaar ADDRESS 910 Kenwood ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C96515

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. ..... St.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas C Rochfort

(Residence in Baltimore: No. 2310 Ashland St.; Lifetime yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)~~ Married

6-DATE OF BIRTH, May 19th, 1851 (Month) (Day) (Year)

7-AGE, 65 yrs. 1 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Patrolman

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Thos C. Rochfort

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Catherine Burne

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos A. Rochfort

(Address) 2310 Ashland Ave

15-

JUL 12 1916 ROBERT KRAUSE,

Filed ....., 191.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1916, to July 12 1916, that I saw h-- alive on July 12 1916, and that death occurred, on the date stated above, at 8 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) Not Known yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 6 yrs. Not Known mos. ..... ds.

(Signed) Ernest M. G. Fiegen M. D.

July 12, 1916. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 5 ds. In the State 65 yrs. 1 mos. 23 ds.

Where was disease contracted, if not at place of death? ---

Former or usual residence 2010 Ashland Ave

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem — DATE OF BURIAL, July 15, 1916.

20-UNDERTAKER C. F. Evans & Son — ADDRESS 118 W Mt Royal Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96516 C96516

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 W. Hill St.; 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Patton

(Residence in Baltimore: No. 105 W. Hill St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1892 (Year)

7-AGE, 24 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Frances

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Patton

(Address) 105 W. Hill St

15- JUL 13 1916 Filed, 191.

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 11 1916, that I saw h-- alive on July 11 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) yrs. mos. 4 ds.

(Signed) C. H. Farnum M. D.

July 13 1916 (Address) 114 S. Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, July 13 1916

20-UNDERTAKER John H. Toadvin

ADDRESS 142 W. Hill St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96517 C96517

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Aisquith & Fayette Sts 120 REGISTERED No. C

CITY OF BALTIMORE: (No. Hebrew Aged Home ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Berel Switzner

(Residence in Baltimore: No. Aisquith & Fayette St ST.; 20 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 85 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E Balto St

15- JUL 13 1916 HARRY T. KEELING Burial Permit Clerk

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12 1915, to July 11 1916, that I saw h in alive on July 11 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic interstitial nephritis

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) W. A. McCutcheon M. D.

July 12, 1916 (Address) 1420 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs. mos. ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? Hebrew Aged Home

Former or usual residence Hebrew Aged Home

19-PLACE OF BURIAL OR REMOVAL, Hebrew Hermon Cem. DATE OF BURIAL, 7-13, 1916

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96518 C96518

38

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST., 1a WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Carrie Loas Waughtel

(Residence in Baltimore: No. 1923 Orleans Street St.; 26 yrs. 4 mos. 2 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March 10, (Month) (Day) 1890 (Year)

7-AGE,	If LESS than 1 day,
26 yrs. 4 mos. 2 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick Loas

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Nora Link

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret S. Jones.

(Address) Woman's Hospital

15- Filed JUL 13 1916, 191. HARRY [illegible] ATTORNEY Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to July 12 1916, that I saw h[illegible] alive on July 12 1916, and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Pelvic Peritonitis

(Gonococcus Infection)

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(Duration) yrs. mos. 1 ds.

(Signed) R. F. Silvester M. D.

July 12, 1916. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State 26 yrs. mos. ds.

Where was disease contracted, if not at place of death? (?)

Former or usual residence 1923 Orleans Street

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, July 15, 1916

20-UNDERTAKER Christian Miller — ADDRESS 238 E Jefferson

Spec.—8-24-14—M. & T.—2000 Blks.

B C96519

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96519

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Ensor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Mikel

(Residence in Baltimore: No. 1107 Ensor St.; ..... yrs., 1 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 13, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Cumberland Md.

PARENTS.

10-NAME OF FATHER, William Mikel

11-BIRTHPLACE OF FATHER (State or Country), Cumberland Md.

12-MAIDEN NAME OF MOTHER Josephine Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Cumberland Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Thomas Mikel

(Address) 1107 Ensor St.

15- Filed JUL 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1916, to July 13 1916, that I saw him alive on July 12 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Asthenia

..... (Duration) ....yrs. 6 mos. ....ds.

(Signed) L. M. C. Parker M. D.

July 13, 1916 (Address) 1051 August

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cemetery	July 13, 1916
20-UNDERTAKER	ADDRESS
Henry Hoech & Son	1301 E Eager St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96520 C96520

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 N. Chester ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Selekmann

(Residence in Baltimore: No. 1808 N. Chester St.; 30 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 6 (Day), 1852 (Year)

7-AGE, 63 yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Builder
(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Edward Selekmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anthonyea Platt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sophia Selekmann

(Address) 1808 N. Chester St

15- Filed JUL 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14 1914, to July 11 1916, that I saw him alive on July 11 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. 6 mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jacob Frahm M. D.

July 11, 191 6 (Address) 1823 N. Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, July 14, 191 6

20-UNDERTAKER Henry Hoeck Son

ADDRESS 1301 E Eager St.

C96521 C96521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 157

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P. Razgaitis

(Residence in Baltimore: No. 629 Dover St.

St. 25 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
47 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor.
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, B. Razgaitis

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Elizabeth Bimpis

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gelgiamekas

(Address) 500 Paca St

15- Filed JUL 13 1916, 191.. HARRY C. ANDREAE Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation due to hanging (suicide)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Driscoll M. D.
(Coroner)

July 13 1916 (Address) 612 N Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State 25 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 629 Dover St

Former or usual residence 629 Dover St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus	July 14, 1916.
20-UNDERTAKER	ADDRESS
John Gelgiamekas	500 S. Paca St

Spec.—5-19-13—M. & T.—500 Bks.

C96522

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96522

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Garrison ave & Chatham St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aurelia Collins Wheatley

(Residence in Baltimore: No. Garrison ave & Chatham St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Feb. (Month) 16 (Day), 1847 (Year)

7-AGE, 69 yrs. 4 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Levin Colbart

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Fitzgerald

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Coughlin

(Address) 3701 Garrison ave

15- Filed JUL 13 1916, 191... HARRY C. [illegible] Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 29 1916, to July 12 1916, that I saw h[illegible] alive on July 10, 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Causing Pernicious Vomiting

(Duration) yrs. 6 mos. 14 ds.

CONTRIBUTORY (Secondary) Terminal infection Causing respiratory failure

(Duration) yrs. mos. 7 ds.

(Signed) S. S. Cook M. D.

July 12, 1916 (Address) 20 N. Eutaw Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Druid Ridge Cem.	July 14, 1916
20-UNDERTAKER	ADDRESS
M Lean-Jones	833 Linden ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96523 C96523

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 S. East Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie S. Clark

(Residence in Baltimore: No. 222 S. East Ave St.; 54 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 30th (Day), 1916 (Year)

7-AGE, ...yrs....mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, James J. Clark

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Meta J. Pennebaker

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J. Clark

(Address) 222 S. East Ave

15- Filed JUL 13 1916 191... HARRY F. ANDERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7/12/16 (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I attended deceased from 6/30/16 191..., to 7/12/16 191..., that I saw h... alive on ..... 191..., and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ....yrs....mos. 12 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs....mos....ds.

(Signed) H. T. Hartman M. D.

7/13/16 191... (Address) 220 S. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem.	July 13, 1916
20-UNDERTAKER	ADDRESS
H. Sander Sons	170 Park Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C96524

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96524

13 150

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1612 N. Spring St (ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Evelyn Feidenzahl

(Residence in Baltimore: No. 1612 N. Spring St St.; ..... yrs., ... mos. 5 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 7 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER Charles Feidenzahl

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Lang

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Feidenzahl

(Address) 1612 N. Spring St.

15- JUL 13 1916 HARRY C. VANDREW

Filed ....., 191... Deputy Records Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1916, to July 12 1916, that I saw her alive on July 12 1916, and that death occurred, on the date stated above, 4.30 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

Failure of Closure of Foramen Ovale

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY, (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John G. Clute M. D.

July 13 1916 (Address) Fairmont Apts Potomac St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mathews Cemetery

DATE OF BURIAL, July 13th, 1916

20-UNDERTAKER George J. Ruth

ADDRESS 735 Hanford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C96525

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96525

61

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 S Popplelon ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Hughes.

(Residence in Baltimore: No. 319 S. Popplelon St ST.; ..... yrs., 6 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Dec (Month) 26 (Day) 1915 (Year)

7-AGE, ... yrs. 6 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William J. Hughes

11-BIRTHPLACE OF FATHER (State or Country), Mass

12-MAIDEN NAME OF MOTHER Lena Seibert

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Hughes

(Address) 319 S Popplelon

15-JUL 13 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 17 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 10 1916, to July 17 1916, that I saw h. in. alive on July 11 1916, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Acute Cerebro-Spinal Meningitis, Epidemic

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. [illegible] M. D.

....., 191... (Address) 873 N Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters	July 18th, 1916.

20-UNDERTAKER	ADDRESS
John J. Fields	1200 W Fremont

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96526 104 C96526

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1101 Hoodly ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Corbitt Horning

(Residence in Baltimore: No. 1101 Hoodly St.; 9 yrs., 5 mos. 12 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, January (Month) 20 (Day), 1916 (Year)

7-AGE, ...yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph A. Horning

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Elsie Fassel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph A. Horning

(Address) 1101 Hoodly St.

15- Filed JUL 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to July 12 1916, that I saw him alive on July 12 1916 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Weakness

..... (Duration) ....yrs. ....mos. 4 ds.

(Signed) E. L. Kunkel M. D.

July 12 1916. (Address) 1605 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, 7/14, 1916

20-UNDERTAKER William Cork — ADDRESS 502 E North Ave

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96527 104 C96527

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Park Ave. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. R. Dorsey

(Residence in Baltimore: No. 1125 Park Ave

Single mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, May (Month) 3rd (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Thos. R. Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma R. Dell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. R. Dorsey

(Address) 1125 Park Ave

15- Filed JUL 13 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to July 12 1916, that I saw h... alive on July 12 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro - Enteritis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Rickets Incipient

(Duration) ... yrs. 2 mos. ... ds.

(Signed) Jno. S. Fiske M. D.

July 13, 1916 (Address) 201 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, July 13, 1916

20-UNDERTAKER Sam'l Hawley ADDRESS 5782 Belle

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96528 C96528

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 349 S Bentalou ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Irma Schlueter

(Residence in Baltimore: No. 349 S Bentalou St.; 4 yrs., 11 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female — 4-COLOR OR RACE, white — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, ... July 14, 1911 (Month) (Day) (Year)

7-AGE, 4 yrs. 11 mos. 27 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Emil J. Schlueter

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Bessie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil J. Schlueter

(Address) 349 S. Bentalou St.

15- JUL 13 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1916, to July 10 1916, that I saw h[er] alive on July 10 1916, and that death occurred, on the date stated above, at 11.45 a. m.

The CAUSE OF DEATH* was as follows:

Toxaemia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Gastro Enteritis

Duration (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Howard Kahn M. D.

7-1-16, 191.. (Address) 202 7 Wash Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, July 13, 1916.

20-UNDERTAKER Geo. E. Schwab & Bro — ADDRESS 2101 Pratt Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96528

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 96529

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C 96529

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 305 S. Payson ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Miller

(Residence in Baltimore: No. 305 S. Payson St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Mar 23, 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. 3 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Charles Miller

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Mary Miller

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. Miller

(Address) 305 S. Payson

15- JUL 13 1916 Filed ..... 191 HARRY C. ANDREW Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 12, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1916, to July 12 1916, that I saw her alive on July 12, 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Entero colitis

(Duration) ..... yrs. 1 mos. 2 ds

Contributory (SECONDARY) marasmus

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) S. E. Smith M. D.

July 12, 1916 (Address) 1002 N. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetary

DATE OF BURIAL: July 14 1916

20-UNDERTAKER: Chas J Wasmus

ADDRESS 217 N. Fulton

Spec.—8-24-14—M. & T.—2000 Blks

Spec.—8-24-14—M. & T.—2000 Bks.

B C96530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C96530

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 N. Monroe ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia Ruth.

(Residence in Baltimore: No. 1125 N. Monroe St.; 32 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 26 (Month) (Day), 1863 (Year)

7-AGE, 53 yrs. 1 mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Wilmington Del

PARENTS.

10-NAME OF FATHER, Wm Rogerson

11-BIRTHPLACE OF FATHER (State or Country) Scotland

12-MAIDEN NAME OF MOTHER Eliza Latimer

13-BIRTHPLACE OF MOTHER (State or Country), Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin M. Ruth

(Address) 1125 N. Monroe

15- Filed JUL 13 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25 1916, to July 11 1916, that I saw her alive on July 11 1916, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 1 yrs. 6 mos. ..... ds.

(Signed) Chas. [illegible] M. D.

July 12 1916 (Address) 1513 W. Lexington.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 14, 1916.

20-UNDERTAKER Williams Cook ADDRESS 502 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C96531

B C96531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 w Pratt ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry B ~~Grim~~ Grim

(Residence in Baltimore: No. 1222 w Pratt St.; 15 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 27, 1855 (Month) (Day) (Year)

7-AGE, 60 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, Henry C. Grim

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elizabeth Mooles

13-BIRTHPLACE OF MOTHER (State or Country), W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence A Grim

(Address) 1222 W. Pratt

15- JUL 13 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2 1916, to July 9 1916, that I saw h alive on July 9th 1916, and that death occurred, on the date stated above, at 2.10 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration) yrs. 1 mos. 4 ds.

(Signed) C. P. Davis M. D.

July 11, 1916 (Address) 925 W. Carroll Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	7/13, 1916.
20-UNDERTAKER Wm Cline Cook	ADDRESS 1022 North

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96532

CERTIFICATE OF DEATH.

37 C96532

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 E North Ave St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Donato Giampietro

(Residence in Baltimore: No. 2127 E North Ave St.; 22 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 9, 1894 (Month) (Day) (Year)

7-AGE, 22 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Mason
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Pasquale Giampietro

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Maria Ferria

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria Giampietro

(Address) 2127 E North ave

15- Filed JUL 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-1-1915, to 7-11 1916, that I saw h— alive on 7-11 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cerebro spinal syphilis.

(Duration) 1 yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) Cerebro spinal syphilis

(Duration) 1 yrs. 2 mos. 10 ds.

(Signed) J. D'Amico M. D.

7-12-16, 191... (Address) 1604 E Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 14 1916.

20-UNDERTAKER William Cook — ADDRESS 502 E North ave

Dr D'Amico 1604 Linden Ave

Spec.—5-19-13—M. & T.—500 Blks.

C96533

HEALTH DEPARTMENT—CITY OF BALTIMORE

43

C96533.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 East Church ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elyja Gross

(Residence in Baltimore: No. 25 E. Church St.; —yrs.,—mos.—ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 25, 1871 (Month) (Day) (Year)

7-AGE, 45 yrs. 2 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Calvert County Md

PARENTS.

10-NAME OF FATHER, Benjamin Parker

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER Betsy Boone

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Gross

(Address) 25 E. Church St

15- JUL 13 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17 1915 to July 13 1916, that I saw her alive on July 11 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

(a) Exhaustion

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Carcinoma of breast

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. F. Buxton M. D.

July 13 1916 (Address) 301 E. Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	July 15..., 1916
20-UNDERTAKER	ADDRESS
D. E. Brand Son	108 W. Montgomery St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96534

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

142

REGISTERED No. C96534

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 N. Carey St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dawson Cooper

(Residence in Baltimore: No. 1121 N. Carey St.; Yrs. Mos. Ds.) Lifetime

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec (Month) 28 (Day) 1854 (Year)

7-AGE: 61 yrs. 6 mos. 13 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Ship Caulker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Stephen Cooper

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Mary Johnson

13-BIRTHPLACE OF MOTHER (State or country): Cambridge Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Cooper

(Address) 1124 N. Carey St

15- JUL 13 1916 Filed ..... 191 HARRY C. ARENDS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 11 (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1916, to July 11 1916, that I saw h[illegible] alive on July 11 1916, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Gangrenous foot

(Duration) yrs 3 mos. 11 ds.

Contributory (SECONDARY) Old - age

(Duration) yrs mos ds.

(Signed) Edward J. Wheatley M. D.

July 12, 1916. [Address] 1220 Druid Hill

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: July 14, 1916.

20-UNDERTAKER: Theodore White

ADDRESS: 113 S. Wolfe St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96535 13 154 C96535

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 Pleach Al. ST.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Seeby

(Residence in Baltimore: No. 1026 Pleach alley St.; 4 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown ....., 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Burley

(Address) 1026 pleach Alley

15- JUL 13 1916 HARRY C. ANDREWS

Filed ..... 191.... Burial Permit. Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1916, to July 12 1916, that I saw her alive on July 11 1916, and that death occurred, on the date stated above, at 1.30a m.

The CAUSE OF DEATH* was as follows:

Infirmities Age.

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Guy Bowley M. D.

7/17, 1916 (Address) 136 W. Lafayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery. DATE OF BURIAL, July 14, 1916.

20-UNDERTAKER Geo H Hooper ADDRESS 609 Little Rus

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96536 C96536

CERTIFICATE OF DEATH. 170 X

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Md General Hosp. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Fischer

(Residence in Baltimore: No. Aberdeen Md St.; 41 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Not Known (Month) (Day), 1867 (Year)

7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Farrey

(Address) Aberdeen Md

15- Filed JUL 13 1916 19[illegible] ROBERT . KRAUT[illegible], Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1916, to July 13 1916, that I saw h[illegible] alive on July 13 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic
Tuberculosis Pulmonic & Arteriosclerosis (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Nephritis Chronic (Duration) yrs. mos. 1 ds.

(Signed) E. Lawrence Steinwand M. D.

7-13-, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Aberdeen Md — DATE OF BURIAL, July 13, 1916

20-UNDERTAKER Wm J Sickman & Sons — ADDRESS 425 W Camden St

Spec.—8-24 14—M. & T.—2000 Rks.

B 7

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96537 7

CERTIFICATE OF DEATH.

x 119

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ervin.

(Residence in Baltimore: No. Fork. Md St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, ..., 1870
(Month) (Day) (Year)

7-AGE, 46 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Hotel Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John E. Ervin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Stuart

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret J. Ervin

(Address) 1227 Madison Ave.

15- Filed JUL 13 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1916, to July 13 1916, that I saw him alive on July 13 1916, and that death occurred, on the date stated above, at 5.10 P m.

The CAUSE OF DEATH* was as follows:

Uraemia

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Acute Nephritis

..... (Duration).....yrs.....mos.....ds.

(Signed) Hamilton M. D.

7/13, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 2 ds. In the State .....yrs. Life mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Fork Md.

19-PLACE OF BURIAL OR REMOVAL, Fork Md. DATE OF BURIAL, July 13, 1916

20-UNDERTAKER Jos J Conaway Son ADDRESS, 501 Hollins

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 (96538) 104 (96538)

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1141 Ridgely ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis D. Deibel

(Residence in Baltimore: No. 1141 Ridgely. St. Lifft Aunt yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male. | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 3rd (Month) (Day), 1916 (Year)

7-AGE, ...yrs. 3 mos. 9 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Aloysius Deibel

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Bessie McDermott

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Deibel

(Address) 1141 Ridgely St

15-

Filed JUL 13 1916 191.....

ROBERT ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1916, to July 12 1916, that I saw him alive on July 12 1916, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

.....

..... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) M O'Neill M. D.

July 13, 1916 (Address) 108 N. Bethune Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross R.C. | DATE OF BURIAL, July 14th, 1916.

20-UNDERTAKER James Dignan & Son | ADDRESS 1008 Park St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96539 C96539

CERTIFICATE OF DEATH.

15 120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 E Lafayette Av St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Bailey.

(Residence in Baltimore: No. 334 E Lafayette Ave. St.; 71 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, November (Month) 30 (Day), 1844 (Year)

7-AGE,	If LESS than 1 day,
71 yrs. 11 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor general
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Church Creek, Dorchester Co., Md.

PARENTS.

10-NAME OF FATHER, Wm. A Bailey,

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Anne Richardson.

13-BIRTHPLACE OF MOTHER (State or Country), Church Creek, Dorchester Co., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. A King.

(Address) 2033 N Collington St.

15-

Filed JUL 13 1916, 191... ROBERT J. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5th, 1916, to July 13th, 1916, that I saw him alive on July 12th, 1916, and that death occurred, on the date stated above, at 11.15P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Parenchymatous

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency, failure.

(Duration) yrs. mos. ds.

(Signed) Hugh Forsythe, M. D.

July 13, 1916. (Address) 4 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, July 14, 1916.

20-UNDERTAKER Edw. Mitchell & Co ADDRESS 1201 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B C96540 — 104 — C96540

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 S. Milton St. Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonina Sybistowicz

(Residence in Baltimore: No. 834 S. Milton Ave St.; ....yrs., 1 mos 19 ds)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr. (Month) 24 (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Karol Sybistowicz

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Juliana Stemper

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Juliana Sybistowicz

(Address) 834 S. Milton Ave

15-

Filed JUL 13 1916 191.... ROBERT KRAUTHOFF, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1916, to July 13 1916, that I saw her alive on July 13 1916, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Ileo-colitis

(Duration) ....yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. Januszewski M. D.

July 13, 1916 (Address) 2431 Fairfield

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 14, 1916

20-UNDERTAKER Stephen J. Fialkowski

ADDRESS 1019 S. Kenwood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96541 — C96541

Spec.—5-19-13—M. & T.—500 Bks.

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 S. Milton St. Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karol Sybistowicz

(Residence in Baltimore: No. 834 S. Milton Ave St.; ....yrs., 1 mos 19 ds)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Apr. (Month) 24 (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Karol Sybistowicz

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Juliana Stemper

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Juliana Sybistowicz

(Address) 834 S. Milton Ave

15-

Filed JUL 13 1916 191.... ROBERT KRAUTHOFF, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1916, to July 13 1916, that I saw her alive on July 13 1916, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Ileo-colitis

(Duration) ....yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. Januszewski M. D.

July 13, 1916 (Address) 2431 Fairfield

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 14, 1916

20-UNDERTAKER Stephen J. Fialkowski

ADDRESS 1019 S. Kenwood Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D96541 — 18 — 96541

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Howard

(Residence in Baltimore: No. 1602 John St St. Life, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 16, 1887
(Month) (Day) (Year)

7-AGE, 28 yrs. 9 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jas Bonnize

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Jennie Bailey

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E Miller

(Address) 601 W North ave

15- Filed JUL 14 1916, 191.... HARRY G. ANDREWS Register Clerk

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation caused by Dyspepsia - Chronic not Cancerous - Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis Agitans

(Duration) yrs. mos. ds.

(Signed) C E Hill M. D.
(Coroner.)

Dec 13, 1916. (Address) 1639 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 mos. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 1602 John St

Former or usual residence 1602 John St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	Dec 14, 1916
20-UNDERTAKER G F Wacker	ADDRESS 723 W Lafay

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

B C96542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C96542

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N Spring ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Summerville

(Residence in Baltimore: No. 10 N Spring St St.; ....yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, July 12, 16
(Month) (Day) (Year)

7-AGE, 1 hour
....yrs....mos....ds.

If LESS than 1 day, 1 hrs. ~~or min.~~

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), 10 N Spring St

PARENTS.

10-NAME OF FATHER, Oscar Solmon

11-BIRTHPLACE OF FATHER (State or Country), Cedar Point St Marys County

12-MAIDEN NAME OF MOTHER Ida Summerville

13-BIRTHPLACE OF MOTHER (State or Country) St Marys County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Summerville

(Address) 10 N Springs St.

15- Filed JUL 14 1916, 191.... HARRY M. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1916, to July 12 1916
that I saw him alive on July 12 1916,
and that death occurred, on the date stated above, at 4.15 P.M.

The CAUSE OF DEATH* was as follows:

Premature Delivery
(6½ months)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY —
(Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Richard J. Eastington M. D.

July 12, 1916 (Address) 1514 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, JUL 18 1916, 191....

20-UNDERTAKER Health Commissioner

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 96543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 130 Dover St.; WARD) 21
REGISTERED No. C 96543

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Herman Myers
(Residence in Baltimore: No. 130 Dover St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male
4-COLOR OR RACE, Black
5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feby 27, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 16 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ———
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles H Myers
11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md
12-MAIDEN NAME OF MOTHER Alice Brown
13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Alice Myers
(Address) 130 Dover St

15-
JUL 14 1916
Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia
(Duration)....yrs....mos....ds.
CONTRIBUTORY (Secondary)
(Duration)....yrs....mos....ds.
(Signed) Albert L. Driscoll (Coroner) M. D.
July 14 191 6 (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn
DATE OF BURIAL, July 14 1916
20-UNDERTAKER John H Scudieri
ADDRESS 1826 Hill

B C96544

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96544

CERTIFICATE OF DEATH.

5 170

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1049 N Gay ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Foster

(Residence in Baltimore: No. 1049 N Gay St St.; yrs., 24 ~~s.~~ ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec (Month) 17 (Day), 1863 (Year)

7-AGE, 52 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lather
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Washington D C

PARENTS.

10-NAME OF FATHER, William J Foster

11-BIRTHPLACE OF FATHER (State or Country) Wash. D. C.

12-MAIDEN NAME OF MOTHER Mary E. Engel

13-BIRTHPLACE OF MOTHER (State or Country) Washington D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James R Foster

(Address) 115 Frederick St

15-

Filed JUL 14 1916, 191 HARRY C. ANDREWS Special Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13. (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) January find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Collapse

Lobar Pneumonia (Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

Lobar Pneumonia (Duration) ....yrs.....mos.....ds.

(Signed) H T Miller M. D. (Coroner.)

July 14, 1916. (Address) 1632 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 16 1916

20-UNDERTAKER, Wm Cook ADDRESS 502 North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C96515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 79

C96545

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Watkins B. Jones

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs.,....mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Single

6-DATE OF BIRTH, July 5, 1887.
(Month) (Day) (Year)

7-AGE, 29 yrs. ....mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ida E. Bird

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15-

Filed JUL 14 1916, 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1916, to July 13 1916, that I saw him alive on July 13 1916, and that death occurred, on the date stated above, at 5.20 p m.

The CAUSE OF DEATH* was as follows:

Cerebro-spinal Meningitis

Primary or Immediate.....

Myocardial Degeneration

Antecedent.....

(Duration) 1 yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) O O Bethune M. D.

July 13, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 29 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Baltimore Md

19-PLACE OF BURIAL OR REMOVAL, Dardenwell Md. DATE OF BURIAL, July 15, 1916

20-UNDERTAKER E. W. Mitchell Co ADDRESS, 1201 Maryland Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1916

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 801 S Montford Ave St.) WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles William Becker

(Residence in Baltimore: No. 801 S. Montford ave

St.; yrs., 27 ~~mos.~~ ~~da.~~

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May 9, 1863
(Month) (Day) (Year)

7-AGE, 53 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Business at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Henry Becker

(Address) 801 S. Montford ave

15-
FILED JUL 14 1916, 191....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by shooting in mouth with
a pistol about one inch from the ear
3 Minutes (Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs.....mos.....ds.

(Signed) Henry Smith Coroner M. D.
(Coroner)

July 12, 1916. (Address) Henry Smith Coroner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Pauls Cemetery	July 15 1916
20-UNDERTAKER H. Sander Sons	ADDRESS 1710 Fleet st.

C96547

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96547

CERTIFICATE OF DEATH.

169

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Flandrau ave ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sarka (Sarka)

(Residence in Baltimore: No. 1007 Hanover Alley St.; yrs. Life mos. / ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, April 22, 1898
(Month) (Day) (Year)

7-AGE, 18 yrs. 2 mos. 22 ds. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Henry Sarka

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Anna Schulz

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Sarka

(Address) 1007 Hanover st

15- Filed JUL 14 1916 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D.
(Coroner.)

July 13, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer | DATE OF BURIAL, July 14 1916

20-UNDERTAKER Frank Cracka Son | ADDRESS 1904 Eastland ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96548 C96548

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 914 Russell ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Bartlin

(Residence in Baltimore: No. 914 Russell St.; 70 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, April (Month) 27 (Day), 1829 (Year)

7-AGE, 87 yrs. 2 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cooper
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Carrie Clark

(Address) 613 W. Hamburg

15- Filed JUL 14 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to July 13 1916, that I saw h— alive on July 11 1916, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Senile Decay

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Influenza

(Duration).....yrs.....mos. 6 ds.

(Signed) E. L. Somerville M. D.

July 14, 1916 (Address) 2517 Loch Raven

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemy DATE OF BURIAL, July 16, 1916

20-UNDERTAKER For Jordans Son ADDRESS 227 S. Pace

Spec.—8-24-14—M. & T.—000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T. 1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 096549 — 91 — 096549

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N Washington ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion Regina Uhlfelder

(Residence in Baltimore: No. 204 N Washington St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Sept (Month) 20 (Day), 1915 (Year)

7-AGE: ....yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: David Uhlfelder

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Rosa Levi

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): David Uhlfelder

(Address): 204 N. Washington St.

15- Filed JUL 14 1916, 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to July 13 1916, that I saw h.. alive on July 13 1916, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

1. Broncho Pneumonia

(Duration)....yrs....mos....3....ds.

CONTRIBUTORY (Secondary) Convulsions and Exhaustion

(Duration)....yrs....mos....1....ds.

(Signed) Adolph E. Eisenberg M. D.

July 14, 1916. (Address) 2201-03 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Congregation Cem. — DATE OF BURIAL, July 16 1916

20-UNDERTAKER John Herring & Co — ADDRESS 2008 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96550 168 C96550

1 PLACE OF DEATH ~~2443 E. Baltimore St.~~ Registered No. C

CITY OF BALTIMORE (No. Balto Eye Ear & Throat Hosp. Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edith Berger

(Residence in Baltimore: No. 522 S. Smallwood St. St.: 4 yrs. 10 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: Sept 6th, 1911 (Month) (Day) (Year)

7 AGE: 4 yrs. 10 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establisbment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm Berger

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Bloomberg

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Berger

(Address 522 S. Smallwood St.

Filed JUL 14 1916 HARRY C. AMBUSH

Burial Permit Issued

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 13th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7/13/16, 191 , to 7/13- 1916, that I saw her alive on 7-13-16, 191 , and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart following ether anesthesia (Duration) yrs. mos. ds

Contributory (SECONDARY) Malnutrition

Operation for removal of Tonsils & Adenoid (Duration) 2 yrs. mos. ds.

(Signed) Joseph I Kruah M. D.

7/13/16, 191 (Address) 1908 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 1 ds. In the State 4 yrs. 8 mos. 7 ds.

Where was disease contracted, if not at place of death? 522 S Smallwood St

Former or usual residence 522 S Smallwood St

19 PLACE OF BURIAL OR REMOVAL: Hebrew Washington Road

DATE OF BURIAL: 7/14, 191 6

20 UNDERTAKER: Jack Lewis

ADDRESS: 1411 E Baltimore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96551 C96551

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Schmitt

(Residence in Baltimore: No. 2052 E Eager St St. 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 53 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. W. Stardy

(Address) Johns Hopkins Hospital

15-

Filed AUG 14 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to July 12 1916, that I saw her alive on July 12 1916, and that death occurred, on the date stated above, at 12 45 pm.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul H. Clough M. D.

July 12, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2052 E Eager St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't

DATE OF BURIAL, July 14, 1916

20-UNDERTAKER Robt T Turner

ADDRESS 1442 N Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH ONE ENDING HERE, TO BE RETAINED BY UNDERTAKER.

Spec.—8-24-14—M. & T.—2000 Bks.

C96552 C96552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 N Luzerne ave ST.; 8 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Penner

(Residence in Baltimore: No. 1220 N Luzerne ave St.; 2 yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, aug 21, 1853 (Month) (Day) (Year)

7-AGE, 62 yrs. 10 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Home wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, John Penner

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Mary Waldefer

13-BIRTHPLACE OF MOTHER (State or Country) Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Penner

(Address) 1220 N. Luzerne ave

15-

Filed....., 191.....

HARRY C. ANDREWS
JUL 14 1916 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1916, to July 14 1916, that I saw her alive on July 13 1916, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Acute Interstitial Nephritis

(Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration).....yrs. 6 mos.....ds.

(Signed) J. [illegible] M. D.

7-14-, 191 6 (Address) 233 N. Haylord Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Dallastown Cemetery

DATE OF BURIAL, July 17 191 6

20-UNDERTAKER Robt J Lennon

ADDRESS 1742 Bway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96553 C96553

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 Ashland ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Sima

(Residence in Baltimore: No. 2426 Ashland St.; 68 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE FEMALE, MARRIED, WIDOWED OR DIVORCED

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Oct/Known (Day) 1 (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Antor Sima

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Sima

(Address) 2426 Ashland Ave.

15- JUL 14 1916 HENRY C. ADLERS

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to July 13 1916, that I saw h[illegible] alive on July 12 1916, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

..... (Duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dyspepsia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. P. Somers M. D.

July 14 191 6 (Address) 2008 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Hill

DATE OF BURIAL, July 15, 1916

20-UNDERTAKER Frank Crach & Son

ADDRESS 1904 Ashland Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96554 B

1 PLACE OF DEATH — REGISTERED No. C 64 C96554

CITY OF BALTIMORE (No. 254 Pine. St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Harris

(Residence in Baltimore: No. 254 Pine St.: 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Col

5-~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: January 16, 1848 (Month) (Day) (Year)

7-AGE: 68 yrs. 5 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Luke Marbury

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Margaret Hurst

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-I THE ABOVE IS TRUE TO THE BEST OF MY ~~KNOWLEDGE~~

(Informant) Maggie Hopkins

(Address) 254 N. Pine

15 JUL 14 1916 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10, 1915, to July 12 1916, that I saw her alive on July 12, 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

~~Anemia~~

Apoplexy (Duration) yrs. 5 hours

Contributory (SECONDARY) Arterio-Sclerosis (Duration) 2 yrs. mos. ds.

(Signed) Frank C. Wagner M. D.

July 13 1916 (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths FROM VIOLENT CAUSES, (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: 7/16 191 6

20-UNDERTAKER: Laurel L. Funeral ADDRESS: 78 W. Read St.

Spec.—6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96555 C96555

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora Burkright

(Residence in Baltimore: No. 2607 E. Pratt St. St.; 1 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 27, 1873 (Month) (Day) (Year)

7-AGE, 43 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Richard Pulley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Maggie Richardson

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Head Mercy Hosp.

(Address) Calvert St.

15- Filed JUL 14 1916, 191... MARY E. ANDREWS Clerk
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to July 14 1916, that I saw her alive on July 14 1916, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation Chronic Interstitial Nephritis

Don't know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ?

(Duration) 1 yrs. mos. ds.

(Signed) Edward H. Quick M. D.

July 14, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State Don't know yrs. mos. ds.

Where was disease contracted, if not at place of death? 2607 E. Pratt St.

Former or usual residence 2607 E. Pratt St.

19-PLACE OF BURIAL OR REMOVAL, Norfolk Va. DATE OF BURIAL, June 14, 1916.

20-UNDERTAKER M. Lean-Jones ADDRESS 833 Linden Ave

Spec.—5-19-13—M. & T.—500 Bks.

C96556

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96556

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1516 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas D. Jackson

(Residence in Baltimore: No. 1516 E. Madison St.; Life ..mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	single

6-DATE OF BIRTH, January (Month) 29 (Day), 1909 (Year)

7-AGE, 7 yrs. 5 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country) Baltimore City, Maryland

PARENTS.

10-NAME OF FATHER, Algernon M. A. Jackson

11-BIRTHPLACE OF FATHER (State or Country), Balto, Maryland

12-MAIDEN NAME OF MOTHER Florence Lee Davage

13-BIRTHPLACE OF MOTHER (State or Country), Balto., Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Algernon M. A. Jackson

(Address) 1516 E. Madison St.

15- Filed JUL 14 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3 July 1916, to 17 July 1916, that I saw h[illegible] alive on 17 July 1916, and that death occurred, on the date stated above at 6.22 p.m.

The CAUSE OF DEATH* was as follows:

Ty Fluid Fever (?)
With meningitis
Several weeks
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Meningitis Several
(Duration) ...yrs. ...mos. ...ds.

(Signed) Elmer Field Bozman M. D.

1917, 191.. (Address) 420 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE, (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, July 16th 1916

20-UNDERTAKER Theodore White — ADDRESS 113 S. Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96557

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C96557

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2430 Oak St.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Scott

(Residence in Baltimore: No. 2430 Oak St.: — yrs. 6 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH: July (Month) 14th (Day) 1916 (Year)

7-AGE: ..... yrs. 6 mos. 24 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City Md

PARENTS

10-NAME OF FATHER: William Scott

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Lizzie Burrell

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lizzie Scott

(Address) 2430 Oak St

15 JUL 14 1916 Filed ..... 191 .....

HARRY S. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Previous Oct, 191..., to July 13th 1916,
that I saw h[illegible] alive on July 13th, 1916,
and that death occurred, on the date stated above, at 1.30 a.m.
The CAUSE OF DEATH* was as follows:
The child was brought to my office the evening of July 13th 1916, had been sick for several days, history & symptoms pointed to Gastro-enteritis (Duration) ..... yrs. ..... mos. ..... ds
Contributory (SECONDARY) Cause bad nursing & poor feeding. I saw it today over (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Geo H Downes M. D.
July 14th, 1916 (Address) 2102 47th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	July 16, 191...
20-UNDERTAKER	ADDRESS
Jno. H. Chase & Son	[illegible]

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96558

CERTIFICATE OF DEATH.

79 C96558

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Dean

(Residence in Baltimore: No. 18 W. Eager St. St.; 50 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Married

6-DATE OF BIRTH: March (Month) 4 (Day), 1841 (Year)

7-AGE: 75 yrs. 4 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: John Dean

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Cochran

13-BIRTHPLACE OF MOTHER (State or Country): Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Sallie Dean

(Address) 18 W. Eager St.

15- Filed JUL 15 1916 191... ROBERT . KRAUTER Burial Permit Officer. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to July 13 1916, that I saw h.. alive on July 13 1916, and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Did not Know

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward D. Smith M. D.

July 13, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State Did not Know yrs. ... mos. ... ds.

Where was disease contracted if not at place of death? 18 W. Eager St.

Former or usual residence 18 W. Eager St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 7/15, 1916

20-UNDERTAKER Henry W. Weis & Son

ADDRESS 505 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(96559) **CERTIFICATE OF DEATH.** 151 (96559)

B 1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Brooks

(Residence in Baltimore: No. 2415 Etting St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, July (Month) 12th (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. ..... ds.

If LESS than 1 day, 10 hrs. or 33 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Victor Buchanan

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ollie Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JUL 15 1916, 191.. ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12th 1916, to July 12th 1916, that I saw him alive on July 12 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Mac Cosme M. D.

7-....., 191... (Address) 1201 Hanover Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	....., 191...
20-UNDERTAKER	ADDRESS

COLLEGE OF P. & S.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 151 C96560 C96560

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital 13 St.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruby Brooks

(Residence in Baltimore: No. 2415 Ethel St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, July (Month) 12th (Day), 1916 (Year).

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 18 hrs. or 36 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Victor Buchanon

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Callie Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- JUL 15 1916 ROBERT . KRAUTH
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 12 1916, to July 13th 1916, that I saw h.. alive on July 12th 1916, and that death occurred, on the date stated above, at 4:45 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Hartzell M. D.

7-13-, 1916 (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JUL 14 1916 COLLEGE OF P. & S.

Commissioner Health.

Herman G. S. Denker.

C96561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C96561

B

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1914 W Pratt ST. 20 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman G. S. Denker

(Residence in Baltimore: No. 1914 W Pratt St.; yrs., 3 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	A widower

6-DATE OF BIRTH, Oct (Month) 26 (Day), 1847 (Year)

7-AGE,	If LESS than 1 day,
68 yrs. 8 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Cott. Machine Shop

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Denker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christena Denker

(Address) 1914 W Pratt St

15-

Filed JUL 15 1916 191.... ROBERT . BRAUER, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the dny stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease
following Rheumatism

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Embolic Coronary artery (Duration) Sudden yrs. mos. ds.

(Signed) James M. Caulton M. D. (Coroner.)

July 14, 1916 (Address). 700 E Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	July 16th, 1916
20-UNDERTAKER	ADDRESS
Mrs Mrs John H. Teufel	801 W. Fayette St.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96562

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

C96562

1 PLACE OF DEATH House of the Good Shepherd — REGISTERED No. C

CITY OF BALTIMORE (No. ... ST.: 19 ... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth F. Bygrave

(Residence in Baltimore: No. House of Good Shepherd St.: 40 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (If single, write the word): Single

6-DATE OF BIRTH: June 20th 1851 (Month) (Day) (Year)

7-AGE: 65 yrs. - mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Sewing
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister of the Good Shepherd

15 Filed JUL 15 1916 ROBERT . KRAUTH, Burial permit clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 14th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14, 1916, to July 14 1916, that I saw her alive on July 14, 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion

One day Sick (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed), E. F. McSweeney M. D.

..., 191... (Address) 115 W Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 10 yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Patrick's Cem. | DATE OF BURIAL: July 15, 1916

20-UNDERTAKER: Jos F Jahnigen Sons | ADDRESS: 1318 Light St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96563 104 C96563

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Jones

(Residence in Baltimore: No. 508 Ethelwood Lane St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, October (Month) 4 (Day), 1915 (Year)

7-AGE, ... yrs. 11 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Milton Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Gertrude Lucy

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. M. Stanley

(Address) Johns Hopkins Hospital

15- JUL 15 1916 Filed ..... 191.. ROBERT ... KRAUTH ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1916 to July 12 1916, that I saw him alive on July 12 1916, and that death occurred, on the date stated above, at 4 10 pm.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert W. Dorsett M. D.

July 12, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 508 Ethelwood Lane

19-PLACE OF BURIAL OR REMOVAL, St Marys Hanover Pa. DATE OF BURIAL, July 15. 1916

20-UNDERTAKER H. C. Niedfeld ADDRESS 914 Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96564 C96564

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (NO. ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lunz

(Residence in Baltimore: No. 821 N. Kenwood Ave. St.; 45 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Jan 20, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Peter J Lunz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Wunken

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister M. Benedict

(Address) Little Sisters of the Poor

15- ROBERT J. KRAUSE Registrar. Filed JUL 15 1916, 191 By 1st permit clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record, 191, to 191, that I saw h[illegible] alive on July 9 1916, and that death occurred, on the date stated above, at 1. p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile

1 Day (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

July 13, 1916 (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer DATE OF BURIAL, July 17, 1916

20-UNDERTAKER H. C. Wiedefeld ADDRESS 914 Greenmt Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 C96565

C96565

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 W Pratt St.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susanna Steinbach.

(Residence in Baltimore: No. 647 W Pratt St.; 70 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July (Month) 23d (Day) 1845 (Year)

7-AGE, 70 yrs. 11 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Baethus Dill

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Marie Krafft

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Lumbach

(Address) 647 W Pratt St.

15- Filed JUL 15 1916, 191.... ROBERT . KRAUS Burial permit issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1916, to July 13 1916, that I saw h[illegible] alive on July 13 1916, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Ovarian Cyst

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) J. M. Lemmelein M. D.

July 14 1916 (Address) 826 E Barrett St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem

DATE OF BURIAL, July 16th 1916

20-UNDERTAKER Charles F. Dill

ADDRESS 2109 Frederick Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C96566 (4) C96566

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Shoemaspear (Shakespeare) ST.; 2 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonina Novak

(Residence in Baltimore: No. 1631 Shoemaspear (Shakespeare) St.; 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 24 (Day), 1870 (Year)

7-AGE, 46 yrs. mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Poland German

PARENTS.

10-NAME OF FATHER, Tadeus Guralski

11-BIRTHPLACE OF FATHER (State or Country), Poland German

12-MAIDEN NAME OF MOTHER Marie Hermanowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland German

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaus Novak

(Address) 1631 Shoemaspear St.

15- Filed JUL 15 1916, 191 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to July 4 1916, that I saw h[illegible] alive on July 4 1916, and that death occurred, on the date stated above, at 7 30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the face

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis Chronic

(Duration) yrs. 2 mos. ds.

(Signed) C. J. Guralski M. D.

July 14, 1916. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem — DATE OF BURIAL, July 15, 1916

20-UNDERTAKER Jacob Fralkowski — ADDRESS 428 Bond St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

(5)

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96567

CERTIFICATE OF DEATH.

151

REGISTERED NO. C 96567

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 S. Curley ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Wujka

(Residence in Baltimore: No. 1025 S. Curley St.: —yrs., — mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 9, 1916.

7-AGE, ...yrs. ...mos. 5 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Stanislaus Wujka.

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Jadwiga Kupera,

13-BIRTHPLACE OF MOTHER (State or Country), Austria Polad,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaus Wujka.

(Address) 1025 S. Curley

15- JUL 15 1916 ROBERT J. KRAUTH, Burial Permit Clerk.

Filed ..., 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9, 1916, to July 14 1916, that I saw h im alive on July 14 1916, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

(a)

Congenital debility

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) M. Jamujerki M. D.

July 14, 191.. (Address) 2431 Fait

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus, DATE OF BURIAL, July 15, 1916.

20-UNDERTAKER W. F. Sudowski ADDRESS 705 S. Ann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 C96568 — 66 C96568

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2647 Maryland ave St. 12 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Miss Mary A. Smith

(Residence in Baltimore: No. 2647 Maryland ave St.; 1 yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: ? (Month) (Day), 1839 (Year)

7 AGE: 77 yrs. ? mos. ds. | If LESS than 1 day, hrs. or min.? X

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ireland (Cavan Co.)

PARENTS

10 NAME OF FATHER: Michael Smith

11 BIRTHPLACE OF FATHER (State or country): Cavan Co. Ireland

12 MAIDEN NAME OF MOTHER: Mary McConnell

13 BIRTHPLACE OF MOTHER (State or country): Cavan Co. Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John F Walsh

(Address) 2647 Maryland Ave

15 Filed JUL 15 1916, 191 — ROBERT J. KRAUTH, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 14, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 13. 1916, to July 13. 1916
that I saw her alive on July 13. 1916.
and that death occurred, on the date stated above, at 3 A. m.
The CAUSE OF DEATH* was as follows:

(Sudden) Heart Paralysis

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) John E. O'Neill, M. D.
July 14. 1916 (Address) 2508 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Philadelphia Pa | DATE OF BURIAL: July 15 1916

20 UNDERTAKER: Wm. M. Gaul & Son | ADDRESS: 1124 N. Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE C96568

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96569 C96569 151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 339 S Gilmor ST.: 19 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick E Long
(Residence in Baltimore: No. 339 S Gilmor St.; — yrs., 1 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 18 (Day), 1916 (Year)

7-AGE, — yrs. 1 mos. 26 ds.
If LESS than 1 day, — hrs. or — min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, Louis R. Long.
11-BIRTHPLACE OF FATHER (State or Country), Maryland.
12-MAIDEN NAME OF MOTHER Lizzie Beetle
13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Louis R. Long.
(Address) 339 S. Gilmor

15- JUL 15 1916 ROBERT KRAUTH Burial Permit Clerk
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to July 13 1916, that I saw h[illegible] alive on July 13 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:
Pneumonia
(Duration) — yrs. 1 mos. 26 ds.
CONTRIBUTORY (Secondary) Contusion
(Duration) — yrs. 1 mos. 26 ds.

(Signed) Jos. E. Miller M. D.
July 15, 1916 (Address) 520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 15, 1916
20-UNDERTAKER Harry H. Witzke — ADDRESS 1531 Lombard St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96570

CERTIFICATE OF DEATH.

28 C96570

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Little Wilson ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Boyd

(Residence in Baltimore: No. 1119 Little Wilson St.; 11 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Not known ..... (Month), ... (Day), 1 ..... (Year)

7-AGE,	If LESS than 1 day,
11 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Chas. Co. Md.

PARENTS.

10-NAME OF FATHER, Henry Speke

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Boyd

(Address) 1119 Little Wilson St.

15-

Filed JUL 15 1916 [illegible] KRAUT[illegible], 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 - 1916, to July 11 - 1916, that I saw h[illegible] alive on July 11 - 1916, and that death occurred, on the date stated above, at 1300 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration) — yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. McCarter M. D.

July 12 - 1916 (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Waldorf Station	July 14, 191..
20-UNDERTAKER Charles Cox md	ADDRESS
James L. Dawson	1303 Preston

13 C96571

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 C96571

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 538 W. Pratt St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harwood Foster

(Residence in Baltimore: No. 538 W. Pratt St. St.; 10 yrs. 6 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: Colored — 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: January 2 (Month) (Day), 1906 (Year)

7-AGE: 10 yrs. 6 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balt city

PARENTS

10-NAME OF FATHER: Daniel J Foster

11-BIRTHPLACE OF FATHER (State or country): Balt city

12-MAIDEN NAME OF MOTHER: Eliza Mountgomery

13-BIRTHPLACE OF MOTHER (State or country): Cambridge Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza Mountgomery

(Address) 538 W Lee St

15- JUL 15 1916 19.. HARRY G. ...
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11, 1916, to July 12 1916, that I saw h.. alive on July 12 1916, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Bowels

(Duration) yrs 3 mos ds.

Contributory (SECONDARY): Diarrhoea

(Duration) yrs 3 mos ds.

(Signed) A H Flinn M. D.

July 12, 1916 [Address] 1712 E Pratt

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Int Auburn Cemetery — DATE OF BURIAL: July 15, 1916

20-UNDERTAKER: Geo H Hooper — ADDRESS: 609 Littig Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96572

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C96572

C96572

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

REGISTERED No. C 96572

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1018 E. Madison St. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Porter

(Residence in Baltimore: No. 1018 E. Madison St. Lifetime yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May 15 (Month), 15 (Day), 1862 (Year)

7-AGE: 54 yrs. 1 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: William Porter

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: May Johnson

13-BIRTHPLACE OF MOTHER (State or country): Talbot Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nettie Batson, sister,

(Address) 1018 E. Madison st

15 Filed JUL 15 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1916, 1916, to July 13 1916, that I saw him alive on July 12, 1916, and that death occurred, on the date stated above, at 2.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Sandrock M. D.

July 14, 1916. (Address) 1242 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: July 15, 1916

20-UNDERTAKER: Charles B. Jones — ADDRESS: 235 Pine St

C96573

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96573

CERTIFICATE OF DEATH.

158

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of William St.: 32 WARD)

2-FULL NAME Mose Brown c

(Residence in Baltimore: No. 26 E Church St.; yrs. Don't know mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colord.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: Don't know, 1 (Month) (Day) (Year)

7-AGE: 53 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver of
(b) General nature of industry, business, or establishment in which employed (or employer): Coal Cart.

9-BIRTHPLACE, (State or Country): Va.

PARENTS.

10-NAME OF FATHER: Don't Know

11-BIRTHPLACE OF FATHER (State or Country): Don't Know

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or Country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosetta Brown c (sister)

(Address) 17 E Church St

15- HARRY C. ANDREWS

Filed JUL 15 1916 Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Drowning

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Otto M. Pennhardt M. D. (Coroner.)

July 14, 1916 (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn St — DATE OF BURIAL, July 15 1916

20-UNDERTAKER I. H. Brown and Son — ADDRESS 618 Mondg

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96574 C96574

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Cookie ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalena Eos

(Residence in Baltimore: No. 1329 Cookie St.: ....yrs... 6 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, January 7, 1910.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
— yrs. 6 mos. 10 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Nicholas Eos

11-BIRTHPLACE OF FATHER (State or Country), Hungary

12-MAIDEN NAME OF MOTHER Josepha Loffort

13-BIRTHPLACE OF MOTHER (State or Country), Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Hirsh M.D.

(Address) 1570 Fort Ave

15- Filed JUL 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 — 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-12-1916, to 7-14 1916, that I saw her alive on 7-13 1916, and that death occurred, on the date stated above, at 11.45 A.M.

The CAUSE OF DEATH* was as follows:

Diarrhea and Enteritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Hirsh M. D.

7-14-, 1916 (Address) 1570 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, July 15, 1916

20-UNDERTAKER Mrs G Rohde Sons — ADDRESS 730 Pa Ave

N. B.—Every item of information should be entered, if possible. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B

C96575

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96575

CERTIFICATE OF DEATH

79

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 506 N Pine ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noah Bloser

(Residence in Baltimore: No. 506 N. Pine St. 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH Unknown (Month) (Day), 1864 (Year)

7-AGE 52 yrs. 2 mos. 1 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Eastern Shore Md

PARENTS

10-NAME OF FATHER James Moses

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Sarah Cooper

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Bloser

(Address) 506 N. Pine St.

15 JUL 15 1916 Burial Permit Issued

HARRY C. ANDREWS
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1916, to July 13 1916, that I saw h[illegible] alive on July 13, 1916, and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Dilation Valvular

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Heart Failure

(Duration) yrs. mos. ds.

(Signed) [signature] M.D.

July 13, 1916 (Address) 712 S Bond St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Cambridge Md | DATE OF BURIAL 7/16, 1916

20-UNDERTAKER C. E. Lumley | ADDRESS 518 S Bond St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96575 — 40 — C96576

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 127 East ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Patterson

(Residence in Baltimore: No. 127 East St.; 36 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	Married

6-DATE OF BIRTH, ... (Month) Unknown, (Day) 1 (Year) .....

7-AGE, ... 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. Hall

(Address) 127 East

15- JUL 15 1916

Filed ....., 191.... HARRY C. ATTLEWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) July (Day) 17, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 17 1916, that I saw h.. alive on July 12 1916, and that death occurred, on the date stated above, at 1.25 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Failure
Arteriosclerosis (Chronic)
Myocarditis
..... (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Burns M. D.

July 18, 1916 (Address) 2[illegible] Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion Cemetery	July 19 1916
20-UNDERTAKER	ADDRESS
R. B. Goode	1405 McElderry St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE,

C96577 — C96577

Spec.—5-19-13—M. & T.—500 Bks.

C96577 C96577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 W Pratt ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Denis M^c Sweeney

(Residence in Baltimore: No. 1416 W Pratt St St.; 60 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 26 (Day), 1825 (Year)

7-AGE, 91 yrs. 1 mos. 18 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Boss (Retired)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Edw M^c Sweeney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs D M^c Sweeney

(Address) 1416 W Pratt St

15- Filed JUL 15 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to July 14 1916, that I saw h im alive on July 14 1916, and that death occurred, on the date stated above, at 12.10 P m.

The CAUSE OF DEATH* was as follows:

Hy postatic Pneumonia

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 12 mos. ds.

(Signed) M A Smith M. D.

July 14, 191.. (Address) 108 W Fayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 17, 1916

20-UNDERTAKER John J Fields — ADDRESS 1200 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96578 C96578

CERTIFICATE OF DEATH.

154

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 N. Wolfe St ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Engelbert Engels

(Residence in Baltimore: No. 1023 N. Wolfe St.; 73 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH. Aug 19, 1842 (Month) (Day) (Year)

7-AGE, 73 yrs. 10 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Insurance Agt
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dort Engs

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dort Engs

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Engels

(Address) 1023 N Wolfe

15-

JUL 15 1916

Filed....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10. 1916, to July 14. 1916, that I saw him alive on July 14. 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(Duration) ... yrs. ... mos. 4 ds.

(Signed) C. J. Pelot M. D.

July 14, 1916. (Address) 1221 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cem DATE OF BURIAL, July 17 1916

20-UNDERTAKER Lorenzo & ADDRESS 2005 Eden

I.—Every item of information should be carefully supplied. AGE should be stated in YEARS. If under one year, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96579 — 5 — 113 — C96579

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Krebs.

(Residence in Baltimore: No. 1106 E. Monument St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Dec 29, 1856 (Month) (Day) (Year)

7-AGE, 59 yrs. 6 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce business
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore.

PARENTS.

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Krebs

(Address) 1106 E. Monument

15- JUL 15 1916 HENRY C. ANDREWS Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-8-, 1916, to 7-14-1916, that I saw h[illegible] alive on 7-14-1916, and that death occurred, on the date stated above, at 2:45 P.m.

The CAUSE OF DEATH* was as follows:

Atrophy Cirrhosis of Liver. Mitral regurgitation

(Duration) ....yrs. ....mos. 4 days

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. Rackin M. D.

7/14/16, 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 8 ds. In the State not known yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 1106 E. monument St

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem — DATE OF BURIAL, July 16 1916

20-UNDERTAKER J. Herzog & Co — ADDRESS 2008 Aliceanna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96580 C96580

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 E Fayette St.; 6 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Monroe Cunningham

(Residence in Baltimore: No. 2229 E. Fayette St.) 34 yrs. 11 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Aug 10th, 1881 (Month) (Day) (Year)

7-AGE, 34 yrs. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER, Howard Cunningham

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Cunningham

(Address) 2229 E Fayette

15-

Filed JUL 15 1916, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 1916, to July 12 1916, that I saw him alive on July 12 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia Coma

(Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) John T. Speckmall M. D.

191... (Address) 2112 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 16 1916

20-UNDERTAKER Philip Henrig — ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C96581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2035 Fontain ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Trawinski

(Residence in Baltimore: No. 2035 Fontain St.; ....yrs., 5 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, February 4, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Trawinski

11-BIRTHPLACE OF FATHER (State or Country), Poland Austria

12-MAIDEN NAME OF MOTHER, Julie Marshalek

13-BIRTHPLACE OF MOTHER (State or Country), Poland Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julie Trawinski

(Address) 2035 Fontain St.

15- JUL 15 1916

Filed ....., 191.... Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1916 to July 7 1916, that I saw him alive on July 10 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Inanition

(Duration) ....yrs. 4 mos. ....ds.

(Signed) S. Unwalski M. D.

July 14, 1916. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 16, 1916

20-UNDERTAKER William Fialkowski

ADDRESS 168 Eastern ave

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C96582

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2035 Fontain ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Trawinski

(Residence in Baltimore: No. 2035 Fontain St.; ....yrs., 5 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February 4, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Trawinski

11-BIRTHPLACE OF FATHER (State or Country), Poland Austria

12-MAIDEN NAME OF MOTHER, Julie Marshalek

13-BIRTHPLACE OF MOTHER (State or Country), Poland Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Trawinski

(Address) 2035 Fontain St.

15- JUL 15 1916

Filed ....., 191.... Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1916 to July 7 1916, that I saw her alive on July 10 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Inanition

(Duration) ....yrs. 4 mos. ....ds.

(Signed) S. Unwalski M. D.

July 14, 1916. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 16, 1916

20-UNDERTAKER William Fialkowski

ADDRESS 168 Eastern ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96582 151 C96582

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1602 Ashburton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorthy LaRue Cunningham

(Residence in Baltimore: No. 1602 Ashburton St.; ..... yrs. ..... mos. 9 hrs 20 m ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX ~~Female~~ Female

4-COLOR OR RACE White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH July (Month) 14 (Day), 1916 (Year)

7-AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 9 hrs., or 20 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Wm Cunningham

11-BIRTHPLACE OF FATHER (State or country) Pa.

12-MAIDEN NAME OF MOTHER Stella Holger

13-BIRTHPLACE OF MOTHER (State or country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Cunningham

(Address) 1602 Ashburton St

15- JUL 15 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14, 1916, to, July 14 1916, that I saw her alive on July 14 1916, and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

Premature Birth 6 mos.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. C. Miller M. D.

July 14, 1916 [Address] 2757 W North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Baltimore Cemetery DATE OF BURIAL July 15, 1916

20-UNDERTAKER Josiah Lyford ADDRESS 600 N North Ave

C96583 C96583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph's Hospital ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Alfred J. Hall

(Residence in Baltimore: No. 1201 Gough St St.; yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, November, 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
47 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos J Hall

(Address) 1201 Gough St

15- Filed JUL 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes due to old age

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Overcome by heat

..... (Duration).....yrs.....mos.....ds.

(Signed) Jesse Lyon Thomas M. D.
(Coroner)

July 15, 1916 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. four months ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....
Out of town

Former or usual residence 1201 Gough St

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem DATE OF BURIAL, July 17, 1916

20-UNDERTAKER Chas E Thompson ADDRESS 1130 Eutaw Place

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B

C96584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Amelia Hannah (Hannah)

(Residence in Baltimore: No. 103 E. Pleasant St. yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Cook

(Address) 1003 W Baltimore

15- Filed JUL 15 1916, 191... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Funeral (accidental)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. ds.

(Signed) H. C. Foley M. D.
(Coroner.)

July 14, 1916 (Address) 1654 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death Funeral Home yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 103 E Pleasant St

Former or usual residence 1036 E Pleasant St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, JUL 15 1916, 19...

20-UNDERTAKER W B Cook ADDRESS 1003 W Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C96585 C96585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 816 N Rutland ave St.; ..... WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Anderson

(Residence in Baltimore: No. 816 N Rutland ave St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1857
(Month) (Day) (Year)

7-AGE, about 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Della Harris

(Address) 816 N. Rutland ave

15- JUL 15 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to July 12 1916, that I saw h[illegible] alive on July 11 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
about 6 weeks
(Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Progressive paralysis
Cerebral Syphilis (Duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.
July 14, 1916 (Address) 1430 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, July 16, 1916

20-UNDERTAKER Chas L Bailey — ADDRESS 1431 Jefferson st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96586 C96586

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Cooper

(Residence in Baltimore: No. 243 Woodland Ave (Arlington) St.; ... yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 14 (Day) 1911 (Year)

7-AGE, 5 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Child

9-BIRTHPLACE, (State or Country), Victor N.Y.

PARENTS.

10-NAME OF FATHER, Winfield S Cooper

11-BIRTHPLACE OF FATHER (State or Country), Rochester N.Y.

12-MAIDEN NAME OF MOTHER Verna E Hotchkiss

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Winfield S Cooper

(Address) 243 Woodland Ave.

15- Filed JUL 15 1916, 191... HARRY C. ANDREWS Registrar. ... Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1916, to July 14th 1916, that I saw him alive on July 14th 1916, and that death occurred, on the date stated above, at 5-9 m.

The CAUSE OF DEATH* was as follows:

The cause of death uncertain, was under observation only 24 hours, parents refuse examination. Coroner notified but does not interfere, probably cause of death Typhoid fever.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) P. Kintzing M. D.

7.14....., 1916. (Address) Franklin Square Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1/4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem.

DATE OF BURIAL, July 16., 1916.

20-UNDERTAKER Wm. Boote

ADDRESS 502 E Pratt

C96587 C96587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 169

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Beliz w[illegible] Canton) WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil Bie (Emil Bie)

(Residence in Baltimore: No. [illegible] St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, [illegible], 1
(Month) (Day) (Year)

7-AGE, 22 yrs. mos. ds. If LESS than 1 day, [illegible] hrs. or [illegible] min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Germany

PARENTS:

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Baptista Corey

(Address) Denton Md

JUL 15 1916

Filed [illegible] 191[illegible] Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible]
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said [illegible]
(Inquest, autopsy or inquiry.)
find that said deceased came to [illegible] death on the day stated above.
The CAUSE OF DEATH* was as follows:

[illegible] Accidental Drowning

[illegible] (Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY [illegible]
(Secondary)

[illegible] (Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) [illegible] Coroner. M. D.

July 15; 191 6 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death [illegible] yrs. [illegible] mos. [illegible] ds. In the State [illegible] yrs. [illegible] mos. 6 ds.

Where was disease contracted, if not at place of death? [illegible]

Former or usual residence Germany

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	July 15, 1916

20-UNDERTAKER [illegible] ADDRESS 1442 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96588 C96588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1020 N. Stockton ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard N. Blake

(Residence in Baltimore: No. 1020 N. Stockton St.; yrs., 10 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Sept 6, 1915
(Month) (Day) (Year)

7-AGE, yrs. 10 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Joseph Blake

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Isabella Hammond

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabella Blake

(Address) 1020 N. Stockton

15- Filed JUL 15 1916, 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cholera Infantum

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Stuck + bad diet.

(Duration) yrs. mos. ds.

(Signed) E. Williams M. D.
(Coroner)

July 15, 1916 (Address) 519 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? None

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn DATE OF BURIAL, July 15, 1916

20-UNDERTAKER Sam'l N. Carter & Son ADDRESS 1400 Mosher St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96589 C96589

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD) REGISTERED No. C 179

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Theis Westermann

(Residence in Baltimore: No. 2 S. Kentucky St.; ..... yrs., ... mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Nov. 4, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Kentucky

9-BIRTHPLACE, (State or Country), Denmark

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Smith

(Address) Mercy Hospital

15- Filed JUL 15 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to July 14 1916, that I saw h[illegible] alive on July 14 1916 and that death occurred, on the date stated above, at 10.40 m.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion

4 or 5 hrs

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

4 or 5 hrs

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Smith M. D.

July 14, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. 3½ mos. ..... ds. In the State Maryland yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? U.S. Kentucky

Former or usual residence Denmark

19-PLACE OF BURIAL OR REMOVAL, Ft Evergreen DATE OF BURIAL, July 16, 1916.

20-UNDERTAKER H. Sanders & Sons ADDRESS 1700 Eutaw

C96590

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170

C96590

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 218 W. Hoffman St. 11 WARD)

2-FULL NAME Robert D. Henderson

(Residence in Baltimore: No. 218 W. Hoffman St.: — yrs. — mos. — ds.)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colord

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month), 1 (Day), (Year)

7-AGE: 41 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): in private family

9-BIRTHPLACE (State or country): North Carolina

PARENTS

10-NAME OF FATHER: Geo. Henderson

11-BIRTHPLACE OF FATHER (State or country): North Carolina

12-MAIDEN NAME OF MOTHER: Caroline Henderson

13-BIRTHPLACE OF MOTHER (State or country): North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Dale

(Address) 218 W Hoffman St

15. Filed JUL 15 1916, 191 HARRY [illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1916, to July 14th 1916, that I saw h.em alive on July 14th 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency. Chronic Nephritis

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Oedema & Anasarca

(Duration) — yrs. 1 mos. — ds.

(Signed) J. A. Shaland M. D.

July 15th 1916 (Address) 40 W Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hayfield Ville N Carolina — DATE OF BURIAL: July 15, 1916

20-UNDERTAKER: Mrs R A Elliott — ADDRESS: 506 East 21

Spec.—5-19-13—M. & T.—500 Bks.

C96591

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96591

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 514 N. Dallas ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Miller

(Residence in Baltimore: No. 514 N Dallas St.; —yrs., — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 60 (sixty years) yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): of Truck

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Couutry), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Spencer

(Address) 514 N. Dallas

15- FILED JUL 15 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to July 13 1916, that I saw h alive on July 13 1916, and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Dis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. ds.

(Signed) W. C. Burns M. D.

July 13, 1916 (Address) 2218 E Pr

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemitary — DATE OF BURIAL, July 14, 1916

20-UNDERTAKER Mrs R A Elliott — ADDRESS 506 East-St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96592 C96592 104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3336 Stafford ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E Troyer

(Residence in Baltimore: No. 3336 Stafford St St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month) 14 (Day), 1916 (Year)

7-AGE, ...yrs. 6 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Geo. Troyer

11-BIRTHPLACE OF FATHER (State or Country), Balt Co

12-MAIDEN NAME OF MOTHER Annie Mailey

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Troyer

(Address) 3336 Stafford St

15- JUL 15 1916 HENRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1916, to July 14 1916, that I saw h.. alive on July 14 1916 and that death occurred, on the date stated above, at 4.20 P.M.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Intoxication

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard Jones M. D.

July 15, 1916 (Address) 2 Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, July 16th, 1916

20-UNDERTAKER Charles H. Dill

ADDRESS 3199 Frederick Ave

C96593 C96593

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 204 Pearl ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Matthews

(Residence in Baltimore: No. 204 Pearl St.)

54 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza Turner

(Address) 415 Moore st

15-
REC'D JUL 15 1916
HARRY T. ARMEN
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 14th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 7th, 1916, to July 14 1916, that I saw h-r alive on July 13th, 1916, and that death occurred, on the date stated above, at 10A m.
The CAUSE OF DEATH* was as follows:

Fatty Degeneration of the Heart (Duration) yrs. 7 mos. 10 ds

Contributory (SECONDARY) Syncopal Apoplexy (Duration) yrs. mos. 1 day

(Signed), Frank W Gorman M. D.

July 14, 1916 (Address) 322 N Greene-

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemty — DATE OF BURIAL: July 16, 1916

20-UNDERTAKER: Peter, B Rye — ADDRESS: 102 S Mount Carey St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96594 C96594

CERTIFICATE OF DEATH.

150

REGISTERED NO. C 2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Thames ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Bowen

(Residence in Baltimore: No. 1625 Thames St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 15" (Day), 1916 (Year)

7-AGE, — yrs. — mos. — ds. If LESS than 1 day, 5 hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Clarence S. Bowen.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Stella Lesek.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Clarence S. Bowen

(Address) 1625 Thames St.

15- Filed JUL 16 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7—15 1916, to 7—15 1916, that I saw her alive on July 15 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pulmonic Infection
Exhaustion Premature
Birth

(Duration) yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) Ovarian Tumor

(Duration) — yrs. — mos. 4 ds.

(Signed) J. D. Neal M. D.

July 15, 1916. (Address) 1625 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 16, 1916.

20-UNDERTAKER W. F. Sadowski ADDRESS 1705 S. Linn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C965 C96595

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Johns Hopkins Hosp St.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Wilson

(Residence in Baltimore: No. 1231 N Chapel St. St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, April (Month) 16 (Day), 1916 (Year)

7-AGE, 3 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Walter Wilson

11-BIRTHPLACE OF FATHER (State or Country) Md.

12-MAIDEN NAME OF MOTHER Emmetta Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps

(Address) Johns Hopkins Hosp

15- Filed JUL 16 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 191 6 to July 13 191 6, that I saw h in alive on July 13 191 6, and that death occurred, on the date stated above, at 6 53 m.

The CAUSE OF DEATH* was as follows: P

Acute gastro-intestinal indigestion

Alimentary intoxication

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) yrs. 2 mos. ds.

(Signed) Kenneth J. Lynch M. D.

July 13, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1231 N Chapel St.

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem. DATE OF BURIAL, July 16 1916

20-UNDERTAKER Harry A Vodery ADDRESS 1725 Orleans St

C96596 C96596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1340 Preston ST. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Golden

(Residence in Baltimore: No. 1340 Preston St.; yrs., mos., ds.) None

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, March 13, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Joseph Golden

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1340 Preston

15 JUL 16 1916 Filed ..... 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Cholera Infantum

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY. (Secondary) Bronchitis

(Duration) 20 h yrs. ....mos. ....ds.

(Signed) J. Whitridge Williams M. D. (Coroner)

July 15 1916 (Address) 849 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds. None

Where was disease contracted, if not at place of death?.....

Former or usual residence. None

19-PLACE OF BURIAL OR REMOVAL, Leakin DATE OF BURIAL, July 16, 1916

20-UNDERTAKER Clarence E. Wright ADDRESS 1364 Mary

N. B.—Every item of information should be carefully supplied. AGE should be given in every case. PLACE OF DEATH and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96597 C96597

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 702 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Vollbracht

(Residence in Baltimore: No. 1326 So. Charles St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Aug 5, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 11 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Vollbracht

11-BIRTHPLACE OF FATHER (State or Country), Germy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Vollbracht

(Address) 1326 S. Charles st.

15- JUL 16 1916 HARRY C. ANDREWS Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1916, to July 13 1916, that I saw h[illegible] alive on July 13 1916, and that death occurred, on the date stated above, at 2.00 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Clinical Findings)

(Duration) yrs. mos. ds. Not known

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward P. Smith M. D.

July 13, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 16 ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1326 So. Charles St.

Former or usual residence 1326 So. Charles St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, July 16., 1916.

20-UNDERTAKER C. Schlosman & Son ADDRESS 1039 Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96598 81 C96598

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 5 E. Williamson St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Will

(Residence in Baltimore: No. 5 E. Williamson St.; 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April 20 (Month) (Day) 1846 (Year)

7-AGE: 70 yrs. 2 mos. 23 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Butcher.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Indiana

PARENTS

10-NAME OF FATHER: Jacob Will

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Baptista Hausmann

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary P. Will

(Address) 5 E. Williamson

15- Filed JUL 16 1916 191 ..... HARRY C. ANDREWS BUREAU Deputy CLERK — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 14 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1916, to July 13 1916, that I saw h[illegible] alive on July 12 1916, and that death occurred, on the date stated above, at 12.20 p m.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis
Fibrosis

(Duration) 3 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) General debility

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Henry Malcolm Lunds M.D.

July 14 1916 [Address] 93 S Hanover

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. — In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: July 16th 1916

20-UNDERTAKER: E. Sehlosman & Son — ADDRESS: 1039 Hanover St.

R. S.—Every item of information should be carefully supplied. A DEATH cannot be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96599 C96599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1920 N. Chester ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Neubert

(Residence in Baltimore: No. 1920 N. Chester St.; — yrs., 3 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 15, 1916
(Month) (Day) (Year)

7-AGE, — yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Albert Neubert

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mamie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Neubert

(Address) 1920 N. Chester St

15- JUL 16 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1916, to July 14 1916, that I saw him alive on July 14 1916, and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) J. F. Baumgartner M. D.

July 17, 1916 (Address) 1127 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Paul Cemetary | DATE OF BURIAL, July 17, 1916

20-UNDERTAKER Christian Miller | ADDRESS 2534 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96600 83 C96600

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 E. Monument ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Obinger

(Residence in Baltimore: No. 2408 E. Monument St.; 44 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): W

6-DATE OF BIRTH, June 2, 1860 (Month) (Day) (Year)

7-AGE, 56 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Julius Bibikow

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Lucia Smith

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. L. M. Obinger

(Address) 2408 E. Monument St.

15- JUL 16 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to July 13 1916, that I saw h... alive on ..... 191....., and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Phlebitis, Femoral Veins

(Duration) ... yrs. ... mos. 20 ds.

CONTRIBUTORY (Secondary) Thrombus (Cerebral)

(Duration) ... yrs. ... mos. 8 ds.

(Signed) Edward A. Bowman M. D.

7/14/16, 191... (Address) 2916 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetary

DATE OF BURIAL, July 16, 191. 6

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

C96601

REGISTERED NO. C 96601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Park ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clinton Valentine

(Residence in Baltimore: No. 813 N. Castle St. St.: 77 yrs. 11 mos. 5 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, June 8, 1838 (Month) (Day) (Year)

7-AGE, 77 yrs. 11 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Brent Dorsey M.D.

(Address) N. Brew Hospital

15- Filed JUL 16 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1916, to July 13 1916, that I saw h... alive on July 13 1916, and that death occurred, on the date stated above, at 7.20 m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

Accident (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Fracture of left femur from fall out of bed (Duration) ... yrs. ... mos. 20 ds.

(Signed) M. Rosenau M. D.

7/13, 191.6. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 8 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 813 N. Castle St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL. July 16 1916

20-UNDERTAKER W J Huntley

ADDRESS 2012 E Baltimore

C96602

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1022 N Gilmor St.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Lee

(Residence in Baltimore: No. 1022 N Gilmor St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word)
Male	Col.	Single

6-DATE OF BIRTH, Nov 60 50, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Joseph Lee

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Celia Hale

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dixon

(Address) 1022 Gilmor alley

15- Filed JUL 16 1916 MARY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Cholera Infantum

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) yrs. mos. ds.

(Signed) J. H. Nicholson M. D.
(Coroner.)

July 15, 1916. (Address) 1918 Eutaw

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State None yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? None

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral cemetery	July 17, 1916
20-UNDERTAKER	ADDRESS
Felix B. Tyce.	1128 mulberry st

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96603 64 C96603

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 S Gilmore ST.: 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Santa Brocata.

(Residence in Baltimore: No. 100 S. Gilmore St.: 18 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) widow

6-DATE OF BIRTH, April (Month), 1842 (Day) (Year)

7-AGE, 74 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Italy ~~not known~~

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tony Brocato

(Address) 100 S. Gilmore St.

15- Filed JUL 16 1916, 191... HARRY C. ~~[illegible]~~ Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1916, to July 14 1916, that I saw h[illegible] alive on July 13 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (Duration) 4 yrs. [illegible] mos.....ds.

(Signed) S. D'Amario M. D.

July 14, 1916. (Address) 1604 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, July 16, 191...

20-UNDERTAKER Harry A. Witzke — ADDRESS 1513 W. Fayette St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2902 Hudson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Otto Zorn

(Residence in Baltimore: No. 2902 Hudson St.; yrs. 1 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Nov. (Month) 26 (Day), 1914 (Year)

7-AGE, 1 yrs. 7 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Baby
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Lawrence Zorn

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Julia Anna Schultz

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Knapp

(Address) 2902 Hudson St.

15- Filed JUL 16 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1916, to July 14 1916, that I saw h[illegible] alive on July 14 1916, and that death occurred, on the date stated above, at 1107 m.

The CAUSE OF DEATH* was as follows:

Uro-Cystitis

(Duration) ....yrs. ....mos. 4 ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. B. Tietjen M. D.

July 15, 1916 (Address) 305 S. O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz's

DATE OF BURIAL, July 16, 1916

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolf St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96605 64 C96605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Lamont ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David H Hitchcock

(Residence in Baltimore: No. 1616 Lamont ave St.; 54 yrs. 5 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February (Month) 9 (Day), 1862 (Year)

7-AGE, 54 yrs. 5 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): City Dairy Co.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Hitchcock

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie T. Hitchcock

(Address) 1616 Lamont ave

15- Filed JUL 16 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1916, to July 14 1916, that I saw ... alive on July 14 1916, and that death occurred, on the date stated above, at 2.05 P. m.

The CAUSE OF DEATH* was as follows:

I Hemiplegia

Apoplexy

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Contusion

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Wm. G. Quinn M. D.

July 14 191 6 (Address) Fairmont Av. & Pat. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 17, 1916.

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 Monument

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C96606

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96606

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2670 Wilkens Ave St. 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Shipley

(Residence in Baltimore: No. 2670 Wilkens Ave St.; ..... yrs., 3 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, July (Month) 27 (Day), 1845 (Year)

7-AGE, 70 yrs. 11 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Frederick Co. Md

PARENTS.

10-NAME OF FATHER, Charles W. Shipley Sr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co Md

12-MAIDEN NAME OF MOTHER Mary ~

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis C. Bowers

(Address) 2670 Wilkens Ave

15-

Filed JUL 16 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916 to July 14 1916, that I saw him alive on July 13 1916, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) ... yrs. ... mos. 39 ds.

(Signed) Asa L. Wessels M. D.

July 14, 191 6 (Address) 2565 Fred. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cemetery

DATE OF BURIAL July 16, 1916

20-UNDERTAKER Taylor & Cook

ADDRESS 1003 W. Balto St

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96607 C96607

CERTIFICATE OF DEATH. 120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~William Rhodes~~ Wm F. Williamson

(Residence in Baltimore: No. 306 Sharp St.; (If not in Baltimore give city or town.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. Sept 1 (Month) (Day) 1877. (Year)

7-AGE.	If LESS than 1 day,
38 yrs. 10 mos. 12 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: manual laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country): Balto md.

PARENTS.

10-NAME OF FATHER, William Rhodes

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Sarah Vickers

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Williamson

(Address) 306 Sharp St.

15- Filed JUL 16 1916, 191.. HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1916, to July 13 1916, that I saw him alive on July 13 1916, and that death occurred, on the date stated above, at 5 30 p. m.

The CAUSE OF DEATH* was as follows:

Delirium Tremens

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis (Duration) 1 yrs. mos. ds.

(Signed) H. Mueller M. D.

7/13, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 306 Sharp St. City

19-PLACE OF BURIAL OR REMOVAL, Woodlawn DATE OF BURIAL, July 17 1916

20-UNDERTAKER, Robt J Turnin ADDRESS 1442 W. Baltimore

CAUSE OF DEATH to be plain terms so that it may be properly classified. Exact language of OCCUPATION is very important. See instructions on back of certificate.

Mildred Dean

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. John Hopkins Hospital 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Dean

(Residence in Baltimore: No. 1431 Jefferson St. yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Blk.	Single

6-DATE OF BIRTH. June 12, 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm Davis

11-BIRTHPLACE OF FATHER (State or Country), Wilkes Barre, Pa.

12-MAIDEN NAME OF MOTHER Mable Dean,

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mable Dean

(Address) 1431 Jefferson St

15- JUL 16 1916

Filed....., 191.....

HARRY C. ANDREWS
Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism run over by wagon

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. K. Smedley, M. D.
(Coroner.)

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1431 Jefferson St

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery — DATE OF BURIAL. July 16 1916

20-UNDERTAKER P. E. Gross — ADDRESS 1425 McElderry St (over)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96609

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

C96609

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1138 Mary St. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John E. Wright

(Residence in Baltimore: No. 1138 Mary St. St.: 54 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colord

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: General laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joseph Wright

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Hammond

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Wright

(Address) 207 Myrtle ave

15 Filed JUL 16 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 10 (Month) 14th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 7th, 1916, to July 14 1916.
that I saw h im alive on July 14, 1916.
and that death occurred, on the date stated above, at 7.30 P m.
The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) yrs. 5 mos. ds

Contributory (SECONDARY) Diarrhea

(Duration) yrs. mos. 3 ds.

(Signed) Frank M Gorman M. D.

July 15, 1916 (Address) 1322 N Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem Md

DATE OF BURIAL: July 17, 1916

20 UNDERTAKER: R E Gross

ADDRESS: 1405 McElderry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96610 C96610

CERTIFICATE OF DEATH. 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Eldon alley ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elma Edwards Holmes

(Residence in Baltimore: No. 807 Eldon alley St.; ..... yrs., Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. 3 (Month) 7 (Day), 1916 (Year)

7-AGE. ..... yrs. 4 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Chas. E. Hall

11-BIRTHPLACE OF FATHER (State or Country). Belair Md

12-MAIDEN NAME OF MOTHER Louisa Halmes

13-BIRTHPLACE OF MOTHER (State or Country). Charleston, S.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Louisa Holmes

(Address).....

15- Filed JUL 16 1916, 191..... HARRY C. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July (Month) 15 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12 1916, to July 15 1916, that I saw h.m alive on July 14 1916, and that death occurred, on the date stated above, at 5 a.m. p.m.

The CAUSE OF DEATH* was as follows:

..... Acute Gastritis

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Diarrhoea

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Jno. H. Tompkins M. D.

July 17, 1916. (Address) 1019 Druid Hill ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mountain Cemetery — DATE OF BURIAL, July 16, 1916

20-UNDERTAKER John H. Goodwin — ADDRESS 142 N. Bond St.

CAUSE OF DEATH must be plainly stated. Every certificate should be signed and filled out as fully as the information at hand will permit. Items 1 to 15 are important. See instructions on back of certificate.

HEALTH DEPARTMENT, CITY OF BALTIMORE

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96611 C96611

CERTIFICATE OF DEATH

104

1 PLACE OF DEATH

Registered No. C

City of Baltimore (No. 2020 W. Lanvale St. 16 Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Martha E. Helms

(Residence in Baltimore: No. 2020 W. Lanvale St.: 1 yrs. 5 mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb. 8, 1915 (Month) (Day) (Year)

7 AGE: 1 yrs. 5 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wm E. Helms

11 BIRTHPLACE OF FATHER (State or country): Balto Co.

12 MAIDEN NAME OF MOTHER: Elsie V. Ensor

13 BIRTHPLACE OF MOTHER (State or country): Balto Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm E. Helms

(Address) 2020 W. Lanvale St.

15 Filed JUL 16 1916, 19... HARRY [illegible]
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1916, to June 16 1916, that I saw h[illegible] alive on June 15, 1916, and that death occurred, on the date stated above, at 7 41 m.

The CAUSE OF DEATH* was as follows:

Pleo Carditis

(Duration) 1 yrs. 1 mos. 5 ds

Contributory (SECONDARY) ?

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M Brennan Jr M. D.

June 16, 1916 (Address) 426 N. Johnson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Evergreen Balto. Co. Md St Johns Cemetery
DATE OF BURIAL: July 18, 1916

20 UNDERTAKER: Robt S. Little
ADDRESS: 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C96612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 Poultney ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Stella De Blas

(Residence in Baltimore: No. 42 Poultney St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	single

6-DATE OF BIRTH, March 1, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frank De Blas

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER M. C. Ratondo

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank De Blas (Father)

(Address) 42 Poultney st.

15- Filed JUL 16 1916 191.... HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw h....alive on ....191....,
and that death occurred, on the date stated above, at ....m.
The CAUSE OF DEATH* was as follows:

.....
.....
.....
..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ....yrs. ....mos. ....ds.

(Signed) .....M. D.
....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincent	July 17..., 1916
20-UNDERTAKER Armstrong & Denny Co	ADDRESS 715 E. 4th

important See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

C96613 104 C96613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE. (No. 832 Columbia Ave St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth C Wilson

(Residence in Baltimore: No. 832 Columbia Ave St.; 1 yrs., 9 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 24, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: NONE.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Maryland.

PARENTS.

10-NAME OF FATHER, Geo H Wilson

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Julia McSweeney

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo H Wilson

(Address) 832 Col. Ave

15- WATTS C. ANDREWS

Filed JUL 16 1916, 191 Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 15 1916; that I saw h[illegible] alive on July 14 1916; and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Enteric Colitis

(Duration) yrs. mos. 14 ds.

(Signed) M C Finlinger M. D.

7/15, 1916 (Address) 682 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, July 17, 1916

20-UNDERTAKER Joseph L. B. Cook ADDRESS 1003 Balto St.

15

HEALTH DEPARTMENT—CITY OF BALTIMORE

15

C96614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Dental Church ST.: WARD)

REGISTERED No. C 164

2-FULL NAME Joseph Manley

(Residence in Baltimore: No. 608 S. Caroline St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Jan (Month) 2 (Day), 1899 (Year)

7-AGE, 17 yrs. 6 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schollboy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Manley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Eliza Buckley

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Manley

(Address) 608 S Caroline St

15- FILED JUL 16 1916 HARRY C. AFFRAM Burial Permit Clerk, 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Lyon Jones M. D. (Coroner.)

July 15, 1916 (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	July 17 1916
20-UNDERTAKER John A Horan	ADDRESS Bank Lane

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2 Druid Park Drive St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas E. Bennett

(Residence in Baltimore: No. 200 N. Carey St. St.; 38 yrs., 5 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. (Month) 5 (Day), 1878 (Year)

7-AGE, 38 — 35 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Policeman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Wm. Bennett

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Jessie Rice

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Teufel

(Address) 80 W. Fayette St.

15-

Filed July 17 1916 ROBERT ... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1916, to July 16 1916, that I saw h[illegible] alive on July 16 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Dilatation of the heart with Broncho Pneumonia

(Duration) 2 weeks yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 24 (?) yrs. mos. ds.

(Signed) Burns S. Chaffee M. D.

July 16, 1916. (Address) Druid Park Drive

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 17 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 200 N. Carey St. Baltimore

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, July 18, 1916

20-UNDERTAKER, Mr. & Mrs. John H. Teufel — ADDRESS 80 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B C96616 104 C96616

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2572 W Fayette ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl F. Brüggemann

(Residence in Baltimore: No. 2572 W Fayette St.; 1 yrs., 7 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Child

6-DATE OF BIRTH, ... Dec. 11th (Month) (Day), 1915 (Year)

7-AGE, 1 yrs. 7 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Ferdinand Brüggemann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lena Nehrenberg

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferdinand Brüggemann

(Address) 2572 W. Fayette St.

15- Filed JUL 17 1916, 191... ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 191.., to July 16 1916, that I saw him alive on July 15 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary) Cutaneous Colitis

(Duration)...yrs. 2 mos...ds.

(Signed) W. C. Fairbairn M. D.

7.16., 1916. (Address) 602 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Paul's Cemetery — DATE OF BURIAL, July 18, 1916

20-UNDERTAKER Mrs. Mrs. John F. Teufel — ADDRESS 801 W. Fayette St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96617 104 C96617

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 S. Arlington Ave ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Edith Harten

(Residence in Baltimore: No. 123 S. Arlington Ave Str.; ..... yrs., 2 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 13 (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Benjamin F. Harten

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Maggie Deems

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin F. Harten

(Address) 123 S. Arlington Ave

15-

Filed JUL 17 1916 191.. ROBERT . KRAUTH, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 191 6, to July 16 191 6, that I saw h[illegible] alive on July 15 191 6, and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

July 16, 191 6 (Address) 1.0 S. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Jan 17, 1916

20-UNDERTAKER John F Bowman & Sn — ADDRESS 901 Hollins

important. See instructions on back of certificate.

C96618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 REGISTERED No. C 96618

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 329 S. Fremont ST.: 27 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Hawkins

(Residence in Baltimore: No. 329 S. Fremont St.; yrs. 53 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black.	Widow.

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). ——

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), ——

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lula Hawkins
(Address) 817 Lemmon St

15-
Filed JUL 17 1916 191.. ROBERT . KRAUSE
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., July. (Month) 14, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos.....ds.

(Signed) Albert D. Driscoll M. D.
(Coroner.)
July 18, 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	July 17, 1916.
20-UNDERTAKER John F Bowman & Son	ADDRESS 901 Dolle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96619 C96619

CERTIFICATE OF DEATH.

179

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N. Eutaw Street. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Victoria Harman.

(Residence in Baltimore: No. 717 N. Eutaw Street. St.: 26 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 5 (Day), 1837 (Year)

7-AGE, 79 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE, (State or Country), England.

PARENTS.

10-NAME OF FATHER, Thomas L. Harman.

11-BIRTHPLACE OF FATHER (State or Country), New Orleans, La.

12-MAIDEN NAME OF MOTHER Jane Meriton.

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Alice Harman, (sister)

(Address) 717 N. Eutaw Street.

15- Filed JUL 17 1916, 191.. ROBERT P. KRAUTHOFF, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24th 1916, to July 14th, 1916, that I saw h[illegible] alive on " " 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Sciatica when first called. Heart Prostration supervening as immediate cause of death. (Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis (Duration) ? yrs. mos. ds.

(Signed) Clarence E. Priest M. D.

July 16., 1916 (Address) 12.12. Madison Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death -- yrs. -- mos. -- ds. In the State -- yrs. -- mos. -- ds.

Where was disease contracted, if not at place of death? ----------

Former or usual residence ----------

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery.	July 17..., 1916.
20-UNDERTAKER	ADDRESS
Stewart & Mowen Comp'y.	108 W. North Av.

CAUSE OF DEATH must be filled in plainly and correctly. Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96620 115 C96620

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp't S.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss. Mary Schemmant.

(Residence in Baltimore: No. 2615 Maryland Ave St.: yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.) Single.

6-DATE OF BIRTH, July 14, 1855.
(Month) (Day) (Year)

7-AGE, 60 yrs. 11 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. H.W.
(b) General nature of industry, business, or establishment in which employed (or employer) H.W.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Peter Schemmant

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Kavanaugh

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant Cecilia Cahill)

(Address 1611 Mt. Ave)

15- JUL 17 1916 ROBERT . KRAUTH
Filed ..., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7-15, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-2 1916, to 7-15 1916, that I saw h.. alive on 7-15. 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Empyema of Gall-bladder.
(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Septic Peritonitis
(Duration) yrs. mos. 15 ds.

(Signed) E. C. Hoke M. D.
7-15, 191.. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? No.

Former or usual residence 2616 Maryland Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, July 19 1916

20-UNDERTAKER W. J. Jenkins Son ADDRESS 1116 North Penn Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96621 32 C96621

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 9 WARD)
REGISTERED NO. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister M. Martina (Mary E. Kuhr)
(Residence in Baltimore: No. St. Josephs Hospital St. 5 yrs., mos., ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 73 7 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Sister of
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Mercy

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Kuhr

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna M. Kuhr

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sister Superior
(Address) St Josephs Hospital

15- Filed JUL 17 1916, 191 ROBERT J. BREUER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21st 1916, to July 15 1916, that I saw her alive on July 15 1916, and that death occurred, on the date stated above, at 5:40 a.m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of the spine with abscess
(Duration) 9 yrs. mos. ds.
CONTRIBUTORY (Secondary) Heart failure
(Duration) 7 yrs. mos. ds.
(Signed) Dr. E. S. Johnson M. D.
July 15, 1916 (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 5 yrs. 7 mos. 7 ds. In the State 5 yrs. 0 mos. 0 ds.
Where was disease contracted, if not at place of death? 9
Former or usual residence St Josephs Hosp.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery
DATE OF BURIAL, July 18, 1916

20-UNDERTAKER Henry Hock Son
ADDRESS 1301 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96622

CERTIFICATE OF DEATH.

120

C96622

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 Columbia Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. Bourne

(Residence in Baltimore: No. 740 Columbia Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 18 (Day), 1861 (Year)

7-AGE, ~~Last~~ 54 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Hatter
(b) General nature of industry, business, or establishment in which employed (or employer) Factory Work

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Samuel Bourne

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Mary Dyke

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bourne

(Address) 740 Columbia Ave

15- JUL 17 1916, 191.. ROBERT A. KRAUSE Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1916, to July 16 1916, that I saw h.. alive on July 15 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis ?

(Duration) yrs. 8 mos. ds.

(Signed) J. M. Driscoll M. D.

July 16 1916. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 18, 1916.

20-UNDERTAKER Henry Koeck & Son — ADDRESS 1301 E Eager

important. See instructions on back of certificate.

C96623

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

1 PLACE OF DEATH

REGISTERED NO. C96623

CITY OF BALTIMORE: (No. 14 W West St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E Clark

(Residence in Baltimore: No. 14 W West St.; yrs. 1 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: May 28 (Month) (Day), 1914 (Year)

7-AGE: yrs. 1 mos. 19 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Co

PARENTS

10-NAME OF FATHER: Charles Clark

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Flora M Rodes

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C Clark

(Address) 14 W West

15- Filed JUL 17 1916 ROBERT KRAUTHOFF Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13, 1916, to, July 16 1916, that I saw h[illegible] alive on July 13 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(Duration) 0 yrs 0 mos. 2 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) G F Cronham M. D.

July 16, 1916 [Address] 303 E Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	7/17 191 6
20-UNDERTAKER	ADDRESS
J. F. McNally	39 E. Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Washington McComas

HEALTH DEPARTMENT—CITY OF BALTIMORE

Washington McComas

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital — REGISTERED NO. C 120 C96621

CITY OF BALTIMORE (No. ~~114 South Monroe~~ St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Washington McComas

(Residence in Baltimore: No. 119 S. Monroe St.: yrs., 5 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 4 (Day) 1865 (Year)

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plate Packer
(b) General nature of industry, business, or establishment in which employed (or employer): Newbold Bros

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Washington McComas

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ollie Mccomas

(Address) 119 S Monroe St

15- JUL 17 1916 (By) Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia Coma

(Duration) yrs. 2 mos. ds.

(Signed) James M Kerlon M. D. (Coroner.)

July 15, 1916. (Address) 200 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death Franklin Square Hospital in the State 51 yrs. mos. ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 119 Monroe St

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, July 17, 1916

20-UNDERTAKER H S Frank — ADDRESS 1921 W Pratt St

Spec.—8-24-14—M. & T.—2000 Bks.

B 96625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 C 96625

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 Maryland Ave. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Stebbins.

(Residence in Baltimore: No. 2115 Maryland Ave. St.; 60 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, September 9, 1834 (Month) (Day) (Year)

7-AGE, 81 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) None.

9-BIRTHPLACE, (State or Country), New York.

PARENTS.

10-NAME OF FATHER, Benj. Severson.

11-BIRTHPLACE OF FATHER (State or Country), New York.

12-MAIDEN NAME OF MOTHER Electa Clark.

13-BIRTHPLACE OF MOTHER (State or Country), New England States.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. C. W. Stebbins, (son)

(Address) Roland Park, Md.

15- JUL 17 1916 Burial Permit Issued

Filed....., 191.....

ROBERT J. KRAUSE
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to June 16 1916, that I saw h... alive on July 16 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) ....yrs. 14 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. E. Fauth M. D.

July, 1916. (Address) Chas. E. Fauth

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ---yrs. --mos. --ds. In the State ----yrs. ----mos. ds.

Where was disease contracted, if not at place of death? ----------

Former or usual residence ----------

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery. DATE OF BURIAL, July 18/16

20-UNDERTAKER Stewart & Mowen Comp'y. ADDRESS 108 W. North

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96626 104 C96626

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 2303 Orrum ave ST.: 13 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley Welsh.

(Residence in Baltimore: No. 2303 Orrum ave. St.: yrs. 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: May (Month) 8 (Day), 1916 (Year)

7-AGE: yrs. 2 mos. 8 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md Balto

PARENTS

10-NAME OF FATHER: Elmer Walsh

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Senora Williams

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elmer Welsh

(Address) 2303 Orrum Ave

15- Filed JUL 17 1916 191 [redacted] Burial Permit Issued

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1916, to July 16 1916 that I saw h[redacted] alive on July 15, 1916 and that death occurred, on the date stated above, at a. m.

The CAUSE OF DEATH* was as follows:

Enteritis Colitis
Cholera Infantum

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) N K Gonnah M. D.

July 16, 1916. (Address) 117 N Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount

DATE OF BURIAL: July 17, 1916

20-UNDERTAKER: Josiah Leyton

ADDRESS: 1600 W North ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96627

HEALTH DEPARTMENT—CITY OF BALTIMORE

12 C96627

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Foster Ave ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Driver

(Residence in Baltimore: No. 2307 Foster Ave St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Dec. 12, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 7 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Driver
(b) General nature of industry, business, or establishment in which employed (or employer) Parking House

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Driver

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josephine Link

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Langgood

(Address) 2367 Foster Ave

15- ROBERT . KRAUSE

JUL 17 1916 191... Registrar. Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to July 14 1916, that I saw him alive on July 13 1916, and that death occurred, on the date stated above, at 6 11 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Bladder

(Could not ascertain cause by preceding)

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. A. Weber M. D.

July 17, 1916. (Address) 104 S. Pulaski St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, July 18, 1916

20-UNDERTAKER J. Sander Sons ADDRESS 1711 Eastern

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C96628

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 S. Wolfe ST.; V WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Zycka

(Residence in Baltimore: No. 715 S. Wolfe St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Karel Schultz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Zycka

(Address) 705 S. Wolfe St

15- JUL 17 1916 [illegible] KRAUT
Filed ....., 191... [illegible] Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to July 16, 1916, that I saw h[illegible] alive on July 16, 1916, and that death occurred, on the date stated above, at 1:15 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) yrs. mos. ds.

(Signed) Wm. H. Kraus M. D.

July 17 1916. (Address) 1008 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, July 18, 1916.

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96629 150 C96629

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2350 Wilkens ave ST.: 70 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Heil

(Residence in Baltimore: No. 2350 Wilkens ave St.: yrs., mos. 7 hrs. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, July (Month) 16, (Day) 1916 (Year)

7-AGE, ...yrs. ...mos. 7 hrs ds. If LESS than 1 day, 7 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Heil

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Emma Lenly

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Heil

(Address) 2350 Wilkens ave

15- FILED JUL 17 1916 ROBERT KRAUTH Registrar. Burial permit issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Failure of Pregnancy between the third and fifth months

(Duration) ...yrs. ...mos. 7 hrs

CONTRIBUTORY (Secondary) Toxemia Gestation

(Duration) ...yrs. ...mos. ...ds.

(Signed) James M Faulon M. D. (Coroner.)

July 17 1916 (Address) 1 W E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	July 16, 1916
20-UNDERTAKER	ADDRESS
Knell & Son	1727 W Pratt st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96630

CERTIFICATE OF DEATH.

109 C96630

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Simms

(Residence in Baltimore: No. 136 Carroll St St. 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 18.7? (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed JUL 17 1916 191 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 191 6, to July 17 191 6, that I saw her alive on July 17 191 6, and that death occurred, on the date stated above, at 5 30 p m.

The CAUSE OF DEATH* was as follows:

1. Intestinal Obstruction

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(Duration) 2 yrs. mos. 10 ds.

(Signed) H. Shaw M. D.

July 15, 191 6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 136 Carroll St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, July 17, 1916

20-UNDERTAKER James H. Dennis — ADDRESS 233 Preston

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 634 N Bruce, ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Simmons

(Residence in Baltimore: No. 634 N Bruce St.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Feb 6th, 1893. (Month) (Day) (Year)

7-AGE, 23 ~~25~~ yrs. mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John H Simmons

11-BIRTHPLACE OF FATHER (State or Country) Md,

12-MAIDEN NAME OF MOTHER Louisa Plummer

13-BIRTHPLACE OF MOTHER (State or Country), Va "

14-THE ABOVE WRITTEN IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanch Simmons

(Address) 634 N Bruce St

15- Filed JUL 17 1916, 191.... ROBERT . KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9th 1916, to July 15th 1916, that I saw h~~im~~ alive on July 15th 1916, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 2 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) Geo. H. W. Plummer M. D.

July 16th 1916 (Address) 530 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, July 18, 191..

20-UNDERTAKER James H Dennis — ADDRESS 1305 Baltimore

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96632

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 C96632

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1366 Columbia av ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edw J Larkin

(Residence in Baltimore: No. 1366 Columbia av St.; 34 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 14, 1881 (Month) (Day) (Year)

7-AGE, 34 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) for own business

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, D M. Larkin

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Margaret Boyle

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Larkin

(Address) 1366 Columbia av

15- Filed JUL 17 1916, 191.. ROBERT KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9th 1916, to July 14 1916, that I saw h— alive on July 14 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY Alcoholism (Secondary)

(Duration) 1 yrs. mos. ds.

(Signed) Lubbert Dean M. D.

July 15, 191.. (Address) 327 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, July 15, 191..

20-UNDERTAKER John F. Field 1200 S — ADDRESS Lombard st

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96633

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

C96633

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 E Clement ST.; 24 WARD) REGISTERED NO. C

2-FULL NAME Elizabeth A. Mitchell

(Residence in Baltimore: No. 424 E Clement St.; Life yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August (Month) 28th (Day), 1915 (Year)

7-AGE, yrs. 10 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John E Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania.

12-MAIDEN NAME OF MOTHER, Gertrude A Klein

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E Mitchell

(Address) 424 E Clement St.

15- Filed JUL 17 1916, 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1916, to July 16 1916, that I saw her alive on July 16 1916, and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Ileo-colitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. H. Streett M. D.

July 17, 1916 (Address) 431 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 18, 1916

20-UNDERTAKER C & B Nash — ADDRESS 115 E Preston

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

James Mc Cluney

Spec.—8-24-13—M. & T.—2000 Bks.

James Mc Cananey.

C96634

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96634

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C .....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Mc Kenaney

(Residence in Baltimore: No. Little Sisters of the Poor St.; 58 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, — — 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Mc Kenany

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Branagan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- JUL 17 1916 [illegible] KRAUTH
Filed ....., 191.... [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from [illegible], 191..., to ..... 191...,
that I saw h[illegible] alive on July 16 1916,
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Bronchitis

2 weeks (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Duration) ....yrs....mos. 14 ds.

(Signed) F. A. Warner M. D.

July 16, 1916. (Address) 1133 Vaccay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 11 yrs. 6 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	July 18, 1916.
20-UNDERTAKER	ADDRESS
[illegible]	[illegible]

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 225-½ N. Mount ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Roe

(Residence in Baltimore: No. 225-½ N. Mount St.; yrs., mos. ds.) None

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Mal

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, July (Month) 16 (Day), 1916 (Year)

7-AGE, 10 Months. If LESS than 1 day, ...hrs. or ....min.?

.....yrs.....mos.....ds.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Norman Roe

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Bessie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie M. Roe

(Address) 225½ N. Mount St.

15- JUL 17 1916 [redacted] KRAUTER, Registrar

Filed....., 191.... Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Non Communicable Disease

Vale of Heart

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Not Known

(Duration) ....yrs.....mos.....ds.

(Signed) J. Wallace Ross M. D.
(Coroner.)

July 17, 1916 (Address) 5 E. Read

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds. None

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, July 17 1916

20-UNDERTAKER Wilbert Brown — ADDRESS 866 N. Mount St.

Duplicate of this certificate, if desired, may be obtained by application at Room 303, City Hall. Blanks must be filled in plainly, and with ink or properly charged pencil. Each statement of fact is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96636

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96636

CERTIFICATE OF DEATH.

x 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St. 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Wilcox

(Residence in Baltimore: No. Mid Kensale Alley St.; yrs., mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, ? (Month) ? (Day) 187 (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House work
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Wright

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Jane Reed

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records Md Gen'l Hospl

(Address) Linden Ave

15-

Filed JUL 17 1916 191

ROBERT J. KRAUTH
Asst Registrar

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1916, to July 16, 1916, that I saw her alive on July 16 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis Carcinosis Decompensation ?

Uraemia (Duration) yrs. mos. 29 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 1 ds.

(Signed) Thomas Hunt M. D.

July 16, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 29 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Fair Lee Md.

19-PLACE OF BURIAL OR REMOVAL Chestertown Md

DATE OF BURIAL, July 18, 1916

20-UNDERTAKER Stewart & Howard Co

ADDRESS 101 W North Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. (CHARLES D. SAVAGE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96637 28 C96637

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Linden Av ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles D. Savage

(Residence in Baltimore: No. 1514 Linden Av St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) married

6-DATE OF BIRTH, March (Month) 12, (Day) 1888 (Year)

7-AGE, 28 yrs. 4 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Florest (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Duffield Savage

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Margaret Powell

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Lillian Savage

(Address) 1514 Linden Ave.

15- Filed JUL 17 1916 191.. ROBERT . KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to July 15 1916, that I saw him alive on July 14 1916, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage of the Lungs

(Duration) yrs. mos. 1 ds.

(Signed) Frank W. Inman M. D.

July, 1916. (Address) 322 N. Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oakland Cemetery DATE OF BURIAL, July 17 1916

20-UNDERTAKER George J. Smith ADDRESS 1200 W. Fayette St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C96638

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96638

CERTIFICATE OF DEATH.

67

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 N Callington ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella F Tittle

(Residence in Baltimore: No. 1801 N Callington ave St.; 73 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 23, 1858 (Month) (Day) (Year)

7-AGE, 57 yrs. 10 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Cook

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susanah Wible

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles R Tittle

(Address) 1801 N Callington ave

15- JUL 17 1916 Filed ....., 191... HARRY C. ARGUE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to July 16 1916, that I saw h.. alive on July 15 1916, and that death occurred, on the date stated above, at 1 20 a. m.

The CAUSE OF DEATH* was as follows:

Paresis

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemiplegia

Asphyxia

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Thomas Jones M. D.

July 16 1916 (Address) 1802 Roslyn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, 7/15, 1916

20-UNDERTAKER William Cook — ADDRESS 562 E North

Important. See Instructions on back of certificate.

Wal 124

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96639 C96639

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Brune St. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent M. Tertitta

(Residence in Baltimore: No. 605 Brune St. St.; 16 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. 7, 1899
(Month) (Day) (Year)

7-AGE, 16 yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Spinner on Spindle
(b) General nature of industry, business, or establishment in which employed (or employer): Machine

9-BIRTHPLACE, (State or Country), MD

PARENTS.

10-NAME OF FATHER, Clement Tertitta

11-BIRTHPLACE OF FATHER (State or Country), Sicily

12-MAIDEN NAME OF MOTHER, Josephine Marcuto

13-BIRTHPLACE OF MOTHER (State or Country), Sicily

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Tertitta

(Address) 1908 Bell St

15- Filed JUL 17 1916 HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 12 1916, to July 16 1916, that I saw him alive on July 15 1916, and that death occurred, on the date stated above, at 3.00 a.m.

The CAUSE OF DEATH* was as follows:

Cystitis & Metritis Acute Puerperal

Did not know

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward P. Smith M. D.

July 16, 1916 (Address) 1 Macy Court

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 1340 Lombard St.

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, July 18 1916,

20-UNDERTAKER William Cook ADDRESS 502 North

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C96640

HEALTH DEPARTMENT—CITY OF BALTIMORE

HYNSON

104

CERTIFICATE OF DEATH.

C96640

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1460 Stevenson ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George B. Hynson

(Residence in Baltimore: No. 1460 Stevenson St St.; 1 yrs., 5 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan. (Month) ..... 17 (Day), 1915 (Year)

7-AGE, ... 1 yrs. 5 mos. 28 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Thos. M. Hynson

11-BIRTHPLACE OF FATHER (State or Country), Kent County, Md.

12-MAIDEN NAME OF MOTHER Florence V. Booth.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Thos. M. Hynson .....

(Address) ..... 1460 Stevenson St. .....

15- JUL 17 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) ..... 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to July 15 1916, that I saw h.. alive on July 15 1916, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

..... Enteritis .....

.....

..... (Duration) ..... yrs. ..... mos. 3 ..... ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Wm. T. Seabury ..... M. D.

July 15, 1916. (Address) 625 East Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, July 17, 1916

20-UNDERTAKER P. J. McG. Flynn

ADDRESS 1432 Light

Spec.—5-19-13—M. & T.—500 Bks.

C96641 C96641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1716 Light ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard G. Wicklein

(Residence in Baltimore: No. 1716 Light St.: 40 yrs., 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec (Month) 8 (Day), 1875 (Year)

7-AGE: 40 yrs. 7 mos. 6 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ice man
(b) General nature of industry, business, or establishment in which employed (or employer): Retail

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Leonard G. Wicklein

11-BIRTHPLACE OF FATHER (State or Country): Balto, Md.

12-MAIDEN NAME OF MOTHER: Sarah W. Marshall

13-BIRTHPLACE OF MOTHER (State or Country): Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Wicklein

(Address) 1716 Light St.

15-

Filed JUL 17 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: July (Month) 14 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from July 3, 1916, to July 14-16, that I saw h[illegible] alive on July 14 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cardiac & Respiratory Asthenia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) ....yrs. ....mos. 13 ds.

(Signed) J. F. Hawkins M. D.

July 17, 1916. (Address) 18 Randall

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet Cem — DATE OF BURIAL: July 17, 1916

20-UNDERTAKER: D. A. McElfresh — ADDRESS: 1422 Light St

Information desired for Office of Census.

HEALTH DEPARTMENT, CITY OF BALTIMORE

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96642 C96642

13 28

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1748 E Monument St.: WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet A. Boone

(Residence in Baltimore: No. 1748 E. North Ave St.: 75 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: January 14, 1839 (Month) (Day) (Year)

7-AGE: 77 yrs. 6 mos. 2 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Balto C., Md.

PARENTS

10-NAME OF FATHER: Mosa Galloway

11-BIRTHPLACE OF FATHER (State or country): Balto C., Md.

12-MAIDEN NAME OF MOTHER: Harriet A. McLennan

13-BIRTHPLACE OF MOTHER (State or country): Balto C., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mahlon G. Fitzgell

(Address) 1748 E. North Ave

15. Filed JUL 17 1916, 191 — HARRY C. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 16 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1916, to July 16 1916, that I saw h[illegible] alive on July 10, 1916, and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Probably Phthisis Pulmonalis

(Duration) Don't Know yrs. ..... mos. ..... ds.

(Signed) E. A. Schutz M. D.

July 17, 1916 (Address) 1501 N. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: July 19, 1916

20-UNDERTAKER: Roth Bros — ADDRESS: 1422 Bway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

43 R 7 to 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Stable in rear 822 Harford Ave St. 10 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Zimmer (Zinn)

(Residence in Baltimore: No. 822 Harford Ave St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Mal

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Sgl

6-DATE OF BIRTH: Feb 7, 1892 (Month) (Day) (Year)

7-AGE: 24 yrs. 5 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: William Zimmer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Gretta Ruder

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Zinn

(Address) 822 N. Harford

15- JUL 17 1916

Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: July 14, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide shot self in chest with Pistol (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. R. Douglas M. D. (Coroner)

....., 191... (Address) 1 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL: Baltimore Cem't DATE OF BURIAL: July 18 1916

20-UNDERTAKER: Ralph T. Turner ADDRESS: 422 N. Bond

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C96644 C96644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 Jackson Place St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rosazza

(Residence in Baltimore: No. 123 Jackson Place St.; 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, July 15th, 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER, John Rontivedl

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Ghia

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Rontivedl

(Address) 123 Jackson Place

15- FILED JUL 17 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1st. 1916, to July 15th 1916, that I saw h.. alive on July 15th 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Septicaemia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Diabetes

..... (Duration) 10 yrs. ..... mos. ..... ds.

(Signed) Georgetta Rohentan M. D.

July 17th, 1916 (Address) 2129 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 18, 1916

20-UNDERTAKER John A Ireman — ADDRESS Lund & Ann St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1533 E. Madison St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Benyo

(Residence in Baltimore: No. 1533 Madison, St., 28 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, July (Month) 17 (Day), 1886 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Benyo

(Address) 1533 Madison

15-

Filed JUL 17 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. R. Gusler M. D.
(Coroner.)

....., 191... (Address) 1533 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 28 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	July 19 1916

20-UNDERTAKER Mrs Thos Jno. M. Lenfest ADDRESS 101 N Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

DEATH CERTIFICATE should be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96646 C96646

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 15 St. WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mintz Friedman

(Residence in Baltimore: No. 1829 Walbrook Ave. St.: 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 18th, 1867 (Month) (Day) (Year)

7-AGE, 49 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Police Dept.
(b) General nature of industry, business, or establishment in which employed (or employer) Policeman

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Frank Fishel Friedman

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Esther Susin

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St.

15- Filed JUL 17 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26th 1916, to July 16th 1916, that I saw h[illegible] alive on July 16 1916, and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

Epicardiodextro

(Duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Hartman M. D.

July 16, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 20 ds. In the State 33 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1829 Walbrook Ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Cem. DATE OF BURIAL, July 18, 1916

20-UNDERTAKER Jack Lewis ADDRESS 1411 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

C96647

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

C96647

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 E Montgomery St.; 22 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Ovington Kelty

(Residence in Baltimore: No. 108 E Montgomery St.; — yrs., 8 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	single

6-DATE OF BIRTH Oct 23, 1915. (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm R Kelty

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma E Chaney

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm R Kelty Father

(Address) 108 E Montgomery St

15- Filed JUL 17 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1916, to July 16 1916, that I saw h[illegible] alive on July 16 1916, and that death occurred, on the date stated above, at 9.45 m.

The CAUSE OF DEATH* was as follows:

Gastro intestinal acute Lues Duration of one days Duration.

(Duration) ...yrs. ...mos. 10 ds.

CONTRIBUTORY (Secondary) General Asthenia

(Duration) ...yrs. ...mos. 1 ds.

(Signed) H Bales Gold M. D.

July 17, 1916 (Address) 2202 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, July 18, 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96648

CERTIFICATE OF DEATH.

92 C96648

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 N. Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adazilla Swidyl

(Residence in Baltimore: No. 315 N. Gilmore St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1876 (Year)

7-AGE. 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick Johnson

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Lewis

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. P. Hardstock M.D.

(Address) 1 W. N. Eastern

15- JUL 18 1916 ROBERT . KRAUTH Filed ....., 191.. Burial Permit Granted Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15th 1916, to July 15th 1916, that I saw her alive on July 15th 1916, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Heart Insufficiency

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. P. Hardstock M. D.

7/16, 1916 (Address) 1 W. N. Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, July 18 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 235 N. Pine

Important.—See instructions on back of certificate.

B C96649

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C96649

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 572 Oxford ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Nurles

(Residence in Baltimore: No. 572 Oxford St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: November (Month) ... (Day), 1841 (Year)

7-AGE: 75 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE (State or country): Md. Balto

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Johnson

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence C Hunter

(Address) 572 Oxford

15- Filed JUL 18 1916, 191 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 15 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 191... to July 15 1916, that I saw her alive on July 15 1916, and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

...

... (Duration) yrs 6 mos. ds.

Contributory (SECONDARY) ...

... (Duration) ... mos. ds.

(Signed) Chas. J. Mudley M. D.

July 17, 191... [Address] 1230 Dulaney Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: 7/18, 1916

20-UNDERTAKER: Samuel Hardy

ADDRESS: 5 W Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question is important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96650 29 C96650

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1020 N. Wolcott ST.: 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Jones

(Residence in Baltimore: No. 1020 Wolcott) St. 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	Married

6-DATE OF BIRTH, June 26, 1888
(Month) (Day) (Year)

7-AGE, 28 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Frederick County Md.

PARENTS.

10-NAME OF FATHER, Wimer Wade

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ommie E Dunmark

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ommie Wade

(Address) 1374 N. Stockton St

15- Filed JUL 18 1916, 191.. ROBERT . KRAUSE Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Miliary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Mount Airy

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

July 19, 1916. (Address) 819 N. Eutaw

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? None

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	July 18, 1916
20-UNDERTAKER Sam'l H. Chase & Son	ADDRESS 1100 Mosher

Be sure property examined. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96651 104 C96651

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 528 W Barre St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adela Milauskas

(Residence in Baltimore: No. 528 W Barre St.; 7yr yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female.	White	Single

6-DATE OF BIRTH. Dec. (Month) 2 (Day), 1915 (Year)

7-AGE. 7 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None -

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Andrew Milauskas

11-BIRTHPLACE OF FATHER (State or Country). Lithuania Russia

12-MAIDEN NAME OF MOTHER Anni Dauburskas

13-BIRTHPLACE OF MOTHER (State or Country). Lithuania Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Milauskas

(Address) 528 W Barre

15- Filed JUL 18 1916 ROBERT . KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1916, to July 17 1916, that I saw h[illegible] alive on July 17 1916, and that death occurred, on the date stated above, at 7 pm

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) 6 yrs. 7 mos. ds.

(Signed) J. M. Emslinger M. D.

7.18., 1916 (Address) 682 Hamburg St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	July 19, 1916.
20-UNDERTAKER	ADDRESS
John Gelbiauskas	500 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96652

CERTIFICATE OF DEATH.

170

REGISTERED NO. C 96652

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 Mullington Lane ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Stoffe

(Residence in Baltimore: No. 428 Mullington Lane St.; 63 yrs., 3 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 10, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer), House

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Louis C Stoffe

11-BIRTHPLACE OF FATHER (State or Country), Zurich Pa

12-MAIDEN NAME OF MOTHER, Catherine Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leslie Stoffe

(Address) 428 Mullington Lane

15- JUL 18 1916 ROBT. J. KRAUTH, Registrar.

Filed....., 191...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1916, to July 15 1916, that I saw h[illegible] alive on July 13 1916, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter A Coe M. D.

7.18., 191.6. (Address) Fairmont Ave Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, July 19th, 1916

20-UNDERTAKER, J B Hilpert — ADDRESS, 2135 Eutaw Av

Spec.—8-24-14—M. & T.—2000 Bks.

15

C96653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

C96653

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Lancaster ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Harris.

(Residence in Baltimore: No. 1728 Lancaster. St.; 36 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 16, 1881
(Month) (Day) (Year)

7-AGE, 36 yrs. 3 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamship

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William H. Harris

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Ann Louise Reeves

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Harrington

(Address) 1728 Lancaster St.

15-

FILED JUL 18 1916, 191.... SUBMIT . KRAUS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1916, to July 16 1916, that I saw h.... alive on June 30 1916, and that death occurred, on the date stated above, at 11:15 a. m.

The CAUSE OF DEATH* was as follows:

Sub Acute Nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Heat & Laudanum Poisoning — Suicide

(Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

July 17, 1916. (Address) 225 S. Bl...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto. Cemetery

DATE OF BURIAL, July 19..., 1916.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 162

CITY OF BALTIMORE (No. Hopkins Hospital ST., 11 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elzabeth H Berry

(Residence in Baltimore: No. Belvedere Hotel St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, December 8th, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Berry

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Isabella Burns

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas Shade

(Address) Car Barn Md

15- JUL 18 1916, 191 ROBERT J. BRAUER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide by Dumping
Suns of himself under
B.R. Train as Arrived
Balto (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J K Smith M. D.
(Coroner)
July 16 191 (Address) 4th E District

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 3 mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Belvedere Hotel

19-PLACE OF BURIAL, OR REMOVAL, Greenmount — DATE OF BURIAL, July 18th, 1916

20-UNDERTAKER Hasenkamps Sons Co — ADDRESS McCulloh & Madison

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C96655

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1523 N. Chapel ST.: 8th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Freddy Finney

(Residence in Baltimore: No. 1523 N. Chapel St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan 1st (Month) (Day), 1916 (Year)

7-AGE: — yrs. 6 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Cleveland Ohio

PARENTS

10-NAME OF FATHER: Frederick Finney

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Emma Palmer

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred. Finney

(Address) 1523 N. Chapel

15 JUL 18 1916 Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 17 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1916, to, July 17, 1916, that I saw h[illegible] alive on ... 16 1916, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Cholera infantum

(Duration) 1 yrs 2½ mos. ds.

Contributory (SECONDARY) Collapsus

(Duration) yrs mos. ds.

(Signed) George A. Hartman M. D.

July 17, 1916 [Address] 1121 N. Caroline St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Trinity Cem

DATE OF BURIAL: July 18 1916

20 UNDERTAKER: Philip Henry

ADDRESS 2006 Orleans

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 N. Caroline St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Rosealba Morgan

(Residence in Baltimore: No. 1710 N. Caroline St. St.; 27 yrs., 9 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, October (Month) 6 (Day), 1888 (Year)

7-AGE, 27 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Harry E. Morgan

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Rosealba Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry E. Morgan

(Address) 1710 N. Caroline St.

15- JUL 18 1916 Filed, 191. ROBERT . KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 191[illegible], to July 16 1916, that I saw her alive on July 15 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John W. Anderson M. D.

July 17, 191[illegible] (Address) 1714 E. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cemetery	July 19, 1916
20-UNDERTAKER	ADDRESS
Wm. C. Black,	927 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96657 C96657

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1622 Thames ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Gutowski

(Residence in Baltimore: No. 1622 Thames St.; ....yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 14 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, John Gutowski

11-BIRTHPLACE OF FATHER (State or Country), Poland Russia

12-MAIDEN NAME OF MOTHER Helen Dombrowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gutowski

(Address) 1622 Thames St.

15. JUL 18 1916 Filed....., 191.... ROBERT KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15th 1916, to July 17 1916, that I saw h[illegible] alive on July 17 1916, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Intussusception

..... (Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration).....yrs.....mos. 1 ds.

(Signed) Henry A. Buttof M. D.

7-17, 1916. (Address) 4225 Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus,	July 18, 1916
20-UNDERTAKER	ADDRESS
W. F. Sadowski	705 S. Ann St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96658

CERTIFICATE OF DEATH.

1920

C96658

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 S. Eutaw ST.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Williams

(Residence in Baltimore: No. 614 S. Eutaw St.; 41 yrs., \ mos., \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED. (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... November ..... (Month), ... (Day), 1875 (Year)

7-AGE,	If LESS than 1 day.
41 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Wife .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, William Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Caroline Stanley

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Williams

(Address) 1008 S. Eutaw

15-JUL 18 1916 ROBERT J. KRAUTER

Filed ....., 191.... Burial Permit Clerk,

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month), 17 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 5, 1916, to July 17, 1916, that I saw her alive on July 5, 1916, and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

..... Chronic Nephritis .....

..... (Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uraemia

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) ..... M. D.

7/18, 1916 (Address) 122 W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	July 20, 1916

20-UNDERTAKER	ADDRESS
Ross H Hooper	609 Little Rock

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96659 C96659

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos. ST.: 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Foley

(Residence in Baltimore: No. 305 N Carey St.: 27 yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July (Month) 15 (Day), 1889 (Year)

7-AGE, 27 yrs. mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Boswell

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mary Packard

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Flagg

(Address) 305 N. Carey St.

15- Filed JUL 18 1916 191 ROBERT KRAUTHOFF Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to July 17 1916, that I saw her alive on July 17 1916, and that death occurred, on the date stated above, at 7 91 m.

The CAUSE OF DEATH* was as follows:

Exophtholmic Goiter

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Degeneration of Heart muscle (Duration) yrs. 6 mos. ds.

(Signed) Geo. H. Starr M. D.

July 17, 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 305 N. Carey

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, July 20, 1916.

20-UNDERTAKER John J. Cunningham — ADDRESS 701 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks. Catherine Foley

Spec.—8-24-14—M. & T.—2000 Bks.

Catherine Falvey.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96660 C96660

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1230 Carroll ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Falvey

(Residence in Baltimore: No. 1230 Carroll St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1834 (Year)

7-AGE, 82 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Mass.

PARENTS.

10-NAME OF FATHER, John Sullivan

11-BIRTHPLACE OF FATHER (State or Country), Boston Mass.

12-MAIDEN NAME OF MOTHER Mary Lyons

13-BIRTHPLACE OF MOTHER (State or Country), Boston Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Falvey

(Address) 1230 Carroll St.

15-

Filed JUL 18 1916 191..... ROBERT . KRAUS[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to July 17 1916, that I saw h[illegible] alive on July 17 1916, and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Exhaustion of Age

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchitis & Asthma

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph E. Mason M. D.

July 18, 1916 (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, July 20, 1916

20-UNDERTAKER John F. Cowan & Son

ADDRESS 901 Hollins St

C96661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96661

1 PLACE OF DEATH — REGISTERED No. C 4

CITY OF BALTIMORE (No. 2017 Dukeland ST.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Harry Ellworth McClure

(Residence in Baltimore: No. 2017 Dukeland St.; 55 yrs. 4 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH Feb. 21, 1861 (Month) (Day) (Year)

7 AGE 55 yrs. 4 mos. 23 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cement Finisher
(b) General nature of industry, business, or establishment in which employed (or employer): City

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: George D. McClure

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Emeline Most

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Alice E. McClure

(Address) 2017 Dukeland ave

15 Filed JUL 18 1916 ROBERT . KRAUT[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 16 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to July 15, 1916, that I saw him alive on July 15, 1916, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Rectum

About 4 (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) ?

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Pannebaker M. D.

July 17, 1916 (Address) 209 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: July 17, 1916

20 UNDERTAKER: Josiah Syfer — ADDRESS: 1600 W North ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C96662

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S. Ann ST.; 2 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank S. Matejski

(Residence in Baltimore: No. 518 S. Ann St St.; yrs. 11 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Sgle.

6-DATE OF BIRTH, Aug (Month) 3 (Day), 1915 (Year)

7-AGE, yrs. 11 mos. 11 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) In fant.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stefan Matejski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Helen Pruska.

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stefan Matejski

(Address) 518 S. Ann St

15- JUL 18 1916, 191... ROBERT . KRAUT... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 191 6, to July 17 191 6, that I saw h— alive on July 17 191 6, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* waa as follows:

Enteritis Colitis.

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Colitis Exhaustion

(Duration) yrs. mos. ds.

(Signed) W. J. Ramsey M. D.

July 17, 191... (Address) 2018 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 18, 191 6

20-UNDERTAKER William Falkowski ADDRESS 1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96663 C96663

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 412 S. Ann ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexandra Glinska

(Residence in Baltimore: No. 412 S. Ann St. St.; ..... yrs., 6 mos. 17 ds.)

1

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 25, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Ignatius Glinska

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Karolina Ziemik

13-BIRTHPLACE OF MOTHER (State or Country), Austria Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Karolina Glinska

(Address) 412 S. Ann St.

15- Filed JUL 18 1916 19.. ROBERT F. KRAUTH Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1916, to July 17 1916, that I saw h ine alive on July 16 1916, and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

..... Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo D Dissmeyer M. D.

July 18, 1916 (Address) 2818 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 18, 1916

20-UNDERTAKER William Fialkowski ADDRESS 16 Eastern ave.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 C96664 67 C96664

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 914 W. Franklin ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Eliza J Watts

(Residence in Baltimore: No. 914 W Franklin St. 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOW or DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Aug. 17, 1842 (Month) (Day) (Year)

7 AGE: 73 yrs. 11 mos. ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William J. McKewin

11 BIRTHPLACE OF FATHER (State or country): U.S.

12 MAIDEN NAME OF MOTHER: Cecelia MacKewin

13 BIRTHPLACE OF MOTHER (State or country): U.S.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard J. McKewin

(Address) 665 - 35th Street

JUL 18 1916

Filed ....., 191 ROBERT J. KRAUTER, Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 17th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11th, 1916, to July 17th 1916, that I saw h[illegible] alive on July 17th, 1916, and that death occurred, on the date stated above, at 7.55 P m.
The CAUSE OF DEATH* was as follows:

Cancer

Probably a years (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E F Hill M. D.

July 17th, 1916 (Address) 1001 E Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Western Cem. — DATE OF BURIAL: July 20th, 1916

20 UNDERTAKER: Joseph B Cook — ADDRESS: 1003 W Balto

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96665 C96665

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2602 Erdman Av. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Hillegeist

(Residence in Baltimore: No. 2602 Erdman Av. St.; 35 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 21 (Month) (Day), 1846 (Year)

7-AGE, 69 yrs. 9 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Harford Co. Md.

PARENTS.

10-NAME OF FATHER, Samuel A. Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William D. Hillegeist

(Address) 2602 Erdman Ave.

15- ROBERT J. KRAUTH, Registrar.

FILED JUL 18 1916 191... 131 Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1916, to July 17 1916, that I saw h alive on July 15 1916, and that death occurred, on the date stated above, at 12 45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Carcinoma of Cachexia (Duration) ... yrs. 3 mos. ... ds.

(Signed) Chas. [illegible] M. D.

July 17, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 19, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96666

CERTIFICATE OF DEATH.

53

C96666

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 North Carey ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecil Normann Bowers

(Residence in Baltimore: No. 4 North Carey St.; 11 yrs., 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, November (Month) 10th. (Day), 1904 (Year)

7-AGE, 11 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles E. Bowers

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary A. Hiltner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose E. Bowers

(Address) 4 North Carey St.

15- JUL 18 1916 ROBERT KRAUTH, Registrar.

Filed....., 191..

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 8 1916, to July 16 1916, that I saw him alive on July 16 1916, and that death occurred, on the date stated above, at 12-20 A.M.

The CAUSE OF DEATH* was as follows:

Acute Lymphatic Leukaemia

(Duration) 1 yrs. 8 mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry E. Cole M. D.

July 16, 1916. (Address) 1203 W. Lafayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 18, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96667 88 C96667

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas E. Nash

(Residence in Baltimore: No. 316 E. 22nd St. St.; 45 yrs. 11 mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, July 16, 1870 (Month) (Day) (Year)

7-AGE, 45 yrs. 11 mos. 1 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer). Salesman Buckeye Supply Co.

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Thomas Nash

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Catherine J. Gallyard.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth A. Nash

(Address) 316 E. 22nd St

15- JUL 18 1916 191.... ROBERT ... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1916, to July 17 1916, that I saw h[illegible] alive on July 17 1916, and that death occurred, on the date stated above, at 3 P.m.

The CAUSE OF DEATH* was as follows:

Post Operative shock
Hyperthyroidism

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Post Operative Shock 5 hours.

(Duration) yrs. mos. da.

(Signed) M B Lewis M. D.

July 17 1916. (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 7 da. In the State 46 yrs. — mos. — da.

Where was disease contracted, if not at place of death? 316 E. 22nd St

Former or usual residence 316 E. 22nd St

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, July 20, 1916

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2429 Oak st ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Grlom & Rebecca Wilson

(Residence in Baltimore: No. 2429 Oak st. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, July (Month) 16 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. one ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, John Wilson

11-BIRTHPLACE OF FATHER (State or Country), Glaster, Va

12-MAIDEN NAME OF MOTHER, Rebecca Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Glaster Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Wilson

(Address) 2429 Oak st

15- Filed JUL 18 1916, 191... ROBERT E. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John T. Morrison (Coroner.) M. D.

July 18 1916. (Address) 3632 Reisterstown Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery

DATE OF BURIAL, July 18 1916

20-UNDERTAKER Felix B. Pyc

ADDRESS 1128 Mulberry st

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96669 C96669

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 McCulloh ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernice M. Rich

(Residence in Baltimore: No. 1823 McCulloh St.; 19 yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem.

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: June (Month) 20th (Day), 1897 (Year)

7-AGE: 19 yrs. 1 mos. 5 ds. If LESS than 1 day, hrs. or X min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: John M. Rich

11-BIRTHPLACE OF FATHER (State or Country): Lancaster, Va.

12-MAIDEN NAME OF MOTHER: Annie G. Neff

13-BIRTHPLACE OF MOTHER (State or Country): St Michaels, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): John W. Rich

(Address): 1823 McCulloh St.

15- JUL 18 1916 Filed, 191. ROBERT J. KRAUS Clerk Permit Office. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1916, to July 15 1916, that I saw h-er alive on July 15 1916, and that death occurred, on the date stated above, at 11.45 P.m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(Duration) 2 yrs. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry F. Brown M. D.

7/16/16 (Address) 1501 Presstman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, July 18, 1916

20-UNDERTAKER John H. Toadvine — ADDRESS 142 W Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 96670

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 E. Fayette ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. F. Singer

(Residence in Baltimore: No. 334 E. Fayette St.; 63 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. 16, 1853 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 9 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Geo. Singer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Annie Meyer

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. F. Singer

(Address) 334 E. Fayette St.

15- Filed JUL 18 1916, 191.. Burial Permit Issued by KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1916, to July 17th 1916, that I saw h— alive on July 17th 1916, and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene of Leg.

(Duration) 1 week yrs. mos. ds.

(Signed) E. L. Marx M. D.

July 18, 1916 (Address) 827 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Ft. Pelham	July 19, 1916

20-UNDERTAKER W. H. Gaudlock ADDRESS 1024 Pennsylvania Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 170

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Picked up dead at 20 ST.; WARD)
Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME William H. F. Brown

(Residence in Baltimore: No. 1942 Vine St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Jan (Month) 8 (Day), 1909 (Year)

7-AGE: 7 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Charles Brown

11-BIRTHPLACE OF FATHER (State or Country): Canada

12-MAIDEN NAME OF MOTHER: May Phillips

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Brown

(Address) 1942 Vine St

15- Filed JUL 16 1916 191.... HARRY C. ANDREWS [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurors (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Gun Shot Wound through Brain accidental weapon in hand of Brother

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M. Conlon M. D. (Coroner.)

July 17, 1916 (Address) 200 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Loudon Park Cem. DATE OF BURIAL, July 19 1916

20-UNDERTAKER: Geo. A. Gerby ADDRESS Baltimore

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96672 — C96672

CERTIFICATE OF DEATH.

x 28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Cohen

(Residence in Baltimore: No. Hebrew Hospital St.; 25 yrs., — mos., 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, [illegible], 1 (Month) (Day) (Year)

7-AGE, 34 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Collector for
(b) General nature of industry, business, or establishment in which employed (or employer): installment House

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Heddel Cohen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Graff

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Grabowsky

(Address) 170 E Appleton st

15- Filed JUL 18 1916, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 — 1916, to July 18 1916, that I saw him alive on July 18 1916, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:
Diabetes & Phthisis

not known (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Diabetic Coma

not known (Duration) ...yrs. ...mos. ...ds.

(Signed) M B Greer M. D.

....., 191... (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 8 ds. In the State ...yrs. ...mos. 8 ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 612 Chapple st - Norfolk, Va

19-PLACE OF BURIAL OR REMOVAL, Norfolk Va — DATE OF BURIAL, July 18, 1916

20-UNDERTAKER, J. Thomas & Bro — ADDRESS 107 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

C96673 110 C96673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 W. Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rudolph Shallenberger

(Residence in Baltimore: No. 611 W. Franklin St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH. May 25, 1845 (Month) (Day) (Year)

7-AGE. 91 yrs. 2 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Locksmith
(b) General nature of industry, business, or establishment in which employed (or employer). Retired

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Shallenberger

(Address) 611 W. Franklin

15- HARRY C. ANDREWS
Filed JUL 18 1916, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 18th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to July 17 1916, that I saw him alive on July 17 1916 and that death occurred, on the date stated above, at 7½ m.

The CAUSE OF DEATH* was as follows:

Dot Emia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Intestinal Paralysis

(Duration) yrs. mos. 10 ds.

(Signed) Gustave Wiedeman M. D.

, 191... (Address) 1056 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer DATE OF BURIAL. July 20, 1916

20-UNDERTAKER Harry W. Ehle ADDRESS 1904 W. North Ave

C96674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 507 W. Lombard St. ..ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifton Howard Downey

(Residence in Baltimore: No. 507 W. Lombard St St.: yrs., 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	White.	Single

6-DATE OF BIRTH. June 1, 1916
(Month) (Day) (Year)

7-AGE. yrs. 1 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John. Downey.

11-BIRTHPLACE OF FATHER (State or Country), Rock Hall Md.

12-MAIDEN NAME OF MOTHER Sallie Harrison

13-BIRTHPLACE OF MOTHER (State or Country), Queen Anne's Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John. Downey

(Address) 507 W. Lombard St

15- JUL 18 1916 HARRY C. ANDREWS
....., 191..... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Edward A. Driscoll M. D.
(Coroner.)
July 18 1916. (Address) 512 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	July 19 1916
20-UNDERTAKER, Joseph B. Cook	ADDRESS 1103 W Balto

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96675

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96675

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 41

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Pollack

(Residence in Baltimore: No. University Hospital St.; ..... yrs., 6 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year) 1861.

7-AGE, 55 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, George Pollack

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Agnes Miller

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital records

(Address) Gen. Supt. Eut Greene Sts

15- HARRY C. ANDREWS

Filed JUL 18 1916, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to July 17th 1916, that I saw h.. alive on July 17th 1916, and that death occurred, on the date stated above, at 7:45 A.m.

The CAUSE OF DEATH* was as follows:

Glioma of Valvular heart disease

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of Rectum

..... (Duration) Unknown yrs. ..... mos. ..... ds.

(Signed) Wm Ellis M. D.

July 17, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 6 mos. 11 ds. In the State ..... yrs. 6 mos. 11 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Britain Seaman on SS. "Saragossa"

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, July 19, 1916.

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96676 C96676

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 604 Darah Ann ST.: 4 WARD) 7

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Coon Robinson

(Residence in Baltimore: No. 604 Darah Ann St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Single

6-DATE OF BIRTH, Dec. ....., 191.. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 7 mos. .....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Bernard Robinson

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Lucy Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Zeglehal

(Address) 519 N Bridle St

15- FILED JUL 19 1916, 191.. ROBERT , KRAUS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to .....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions following Marasmus.

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Gilbert D Driscoll M. D.

July 19 16 (Coroner) (Address) 315 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cem	July 19, 1916
20-UNDERTAKER	ADDRESS
Charles B Jones	235 Pine St

Important. See instructions on back of certificate.

Bil 2020

HEALTH DEPARTMENT—CITY OF BALTIMORE

Del 2020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96677 × 64 C96677

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. ..... ST.: 4 WARD) University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. H. Billups

(Residence in Baltimore: No. St Louis Mo.

St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single.

6-DATE OF BIRTH, Nov. 19, 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Richard. Billups.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Cecelia Gale.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) University Hospital Records
(Address)

15- Filed JUL 19 1916, 191... ROBERT . KRAUTH Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July. 17., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Skull, & Cerebral Hemorrhage due to fall, accident
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Albert L Driscoll M. D.
(Coroner)
July 18, 1916. (Address) 912 N Carrollena

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place University Hospital in the
of death.....yrs.....mos.11 ds. State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	July 20 1916
19-UNDERTAKER Armstrong Denny Co	ADDRESS 715 Light St

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH — REGISTERED No. C 175

CITY OF BALTIMORE (No. Pronounced dead Franklin St.; Hospital WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosamond Bristow

(Residence in Baltimore: No. 1104 E North ave St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Single

6-DATE OF BIRTH. Sept (Month) 28 (Day), 1909 (Year)

7-AGE. 21 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: auto salesman
(b) General nature of industry, business, or establishment in which employed (or employer): auto sales Co.

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. A F Bristow

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER E N Mercer

13-BIRTHPLACE OF MOTHER (State of Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mercer Bristow
(Address) 1104 E North ave

15- JUL 19 1916 Filed....., -191... ROBERT . KRAUS[illegible] Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18, (Day) 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental fracture of Skull Cranii. Head caught under Auto. Fatal wound by means of Upturned Lifter (Duration) yrs. mos. ds. few Mins.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) James M. Fenlon (Coroner.) M. D.

July 19, 1916 (Address) 708 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Burhan's Hill Cf. DATE OF BURIAL, July 19th 1916

20-UNDERTAKER C. Schlosman & Son ADDRESS 1039 Hanover St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96679 — 104 — C96679

CERTIFICATE OF DEATH.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 096679 096679

CERTIFICATE OF DEATH.

104

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 S. Luzerne ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelie Patro

(Residence in Baltimore: No. 622 622 S. Luzerne Ave St.) (.....yrs. 7 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH. Dec 16, 1915 (Month) (Day) (Year)

7-AGE. .....yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, John Patro

11-BIRTHPLACE OF FATHER (State or Country) Austria Galicia

12-MAIDEN NAME OF MOTHER Rozalia Zawacka

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Patro

(Address) 622 S. Luzerne.

15- JUL 19 1916 Filed ....., 191.. ROBERT J. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 191 , to July 18 1916, that I saw her alive on July 18 1916, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

.....

.....

Acute ileo-Colitis

..... (Duration) .....yrs. One mos. 14 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) W. H. Farnworth M. D.

July 18, 191.6 (Address) 2431 Fairfax

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 19, 191.6

UNDERTAKER William Fiaskowski ADDRESS 168 Eastern ave

HEALTH DEPARTMENT CITY

C96680

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 W. 151

C96680

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 638 Hoffman St. Ward 17)

REGISTERED NO. C

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf't of Marie & Jeb Collison

(Residence in Baltimore: No. 638 Hoffman St. St.: yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: July (Month) 18 (Day), 1916 (Year)

7-AGE: ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Nothing
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: Jeb Collison

11-BIRTHPLACE OF FATHER (State or country): North Carolina

12-MAIDEN NAME OF MOTHER: Marie Pratt

13-BIRTHPLACE OF MOTHER (State or country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marie Pratt

(Address) 638 E Hoffman

15-Filed JUL 19 1916, 19 ROBERT . KRAUTER, Registrar Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1916, to July 18, 1916, that I saw h... alive on July 18, 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Prostitis 4th St Dist
Inf't only 10 days

(Duration) ... yrs. ... mos. 1 ds

Contributory (SECONDARY): Premature

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. C. Stewart M. D.

July 19, 1916 (Address) 1002 Argyle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Peters — DATE OF BURIAL: July 19th, 1916

UNDERTAKER: Conner & Wright — ADDRESS: 1307 Mary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 105

1-PLACE OF DEATH

CITY OF BALTIMORE: No. St Elizabeths Home (St.) 4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Warfield

(Residence in Baltimore: No. St Elizabeths Home St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): W

6-DATE OF BIRTH: Dec 15, 1912 (Month) (Day) (Year)

7-AGE: 3 yrs. 7 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or estsblishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or Country): "

12-MAIDEN NAME OF MOTHER: "

13-BIRTHPLACE OF MOTHER (State or Country): "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Ams.

(Address) 3 W St Paul St

15- JUL 19 1916 Filed....., 191.... ROBERT . KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to July 15 1916, that I saw h me alive on July 15 1916, and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

About 1 (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs....mos....ds.

(Signed) Edward J Faust M. D.

July 15 191. (Address) Emergency Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 10 mos. 0 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? St Elizabeth Home

Former or usual residence St Elizabeth Home

19-PLACE OF BURIAL, OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

Cremated

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96682

CERTIFICATE OF DEATH.

81

C96682

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2759 W. North Ave ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rufus Warner

(Residence in Baltimore: No. 2759 W North Ave St.: 71 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 30 (Day), 1844 (Year)

7-AGE 71 yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Constuction Engineer

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Wm H Warner

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Eliza Whitby

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Warner

(Address) 2759 W. North Ave

15- Filed JUL 19 1916, 191... ROBERT . KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1914 to July 18 1916, that I saw him alive on July 18 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dental Abscess

(Duration) 2 yrs. mos. ds.

(Signed) O. N. Devall M. D.

July 18, 1916. (Address) 1817 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, July 20, 1916

20-UNDERTAKER George J Smith

ADDRESS 848 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96683 C96683

CERTIFICATE OF DEATH.

REGISTERED NO. C 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 Egerton Road St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lulu Blanche Amos

(Residence in Baltimore: No. 3804 Egerton Road St.; 35 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feby (Month) 19 (Day), 1877 (Year)

7-AGE, 39 yrs. 5 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Milliner
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, John Oliver Amos

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Julia Howard

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Joseph Amos

(Address) 3804 Egerton Road

15-

Filed JUL 19 1916 191

ROBERT KRAUTH
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1916. (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 4th, 1916, to July 18th 1916, that I saw h[illegible] alive on July 18 1916, and that death occurred, on the date stated above, at 4-30 4m.

The CAUSE OF DEATH* was as follows:

Ivy Poisoning

(Duration) 2 yrs. 11½ mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. A. F. Thomas M. D.

July 19, 1916 (Address) 1216 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenlawn Baltimore Co. DATE OF BURIAL, July 20, 1916

20-UNDERTAKER George J Smith ADDRESS Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96684 64

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 96684

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Braetmare ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hezekiah Mitchell

(Residence in Baltimore: No. 1610 Braetmare St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, unknown (Month) (Day) 1856 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), [redacted] md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 1610 Braetmare

15- Filed JUL 19 1916 191... ROBERT . KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-12-16 191... to 7-17-16 191..., that I saw h[illegible] alive on ... 191..., and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) heat, debility

(Duration) yrs. mos. ds.

(Signed) F. M. Sando M. D.

7-18-16 191... (Address) 152 E. Oliver

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, JUL 19 1916

20-UNDERTAKER James H Dennis ADDRESS 1303 Braetmare

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital 15 WARD)

REGISTERED No. C 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugenia Sisco

(Residence in Baltimore: No. 1310 N. Patterson Park Ave St.; 11 yrs., mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Single

6-DATE OF BIRTH, June 30, 1905
(Month) (Day) (Year)

7-AGE, 11 yrs. 17 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country): Balto

PARENTS.

10-NAME OF FATHER. Louis Sisco

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Rosa Mung

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother

(Address) 1310 N. Patterson

15- JUL 19 1916 ROBERT KRAUSE Registrar.

Filed JUL 19 1916, 191... Burial permit issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Leg
Fracture of Pelvis
& Injuries
(Duration) yrs. Instant mos. ds.
Accident Struck by Auto
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. M. Adelsberg M. D.
(Coroner.)
July 17, 191. (Address) 6 E. Lexington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Morton & Sticker St. 2 hours

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn — DATE OF BURIAL, JUL 19 1916

20-UNDERTAKER James H Dennis — ADDRESS 823 Custom

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

13 C96686

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C96686

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1339 N. Stricker ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Louise Jones

(Residence in Baltimore: No. 1339 N. Stricker St. St.; 16 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	single

6-DATE OF BIRTH, April (Month) 10 (Day), 1900 (Year)

7-AGE,	If LESS than 1 day,
16 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, William Jones

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Eliza Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Rachel Davis.....

(Address)..1339 N. Stricker St.

15- Filed JUL 19 1916 ROBERT KRAUTER Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 – 1916, to July 16 1916, that I saw her alive on July 16 1916, and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration)...yrs. 6 mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration)...yrs.....mos.....ds.

(Signed) Chas. L. McCourtney M. D.

July 18., 1916. (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	JUL 1 1916

20-UNDERTAKER	ADDRESS
James H. Dinnis	1303 Bentz

13 Jacob Fell.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 175

CITY OF BALTIMORE (No. Hebrew Hospital, St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Fell,

(Residence in Baltimore: No. 1641 N Bdway, St.; 75 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Dec. (Month) ..... 15 (Day) ..... 1854 (Year)

7-AGE, ... 72 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER, Joseph Fell,

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Fullerton

(Address) 1641 N Bdway

15- FILED JUL 19 1916 BY ROBERT J. KRAUTH Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) ..... 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of Abdomen by Automobile truck

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M. D.

....., 19.... (Address) ..... E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1/2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Baltimore City

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Arlington Rosedale Cem. DATE OF BURIAL, July 19, 1916

20-UNDERTAKER J. Furnow & Bro ADDRESS 1107 E Balto St

Important. See instructions on back of certificate.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

13

96688

HEALTH DEPARTMENT—CITY OF BALTIMORE

169

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Foot of Henry ST.: 24 WARD)

REGISTERED NO. C 96688

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen C. Ebberts

(Residence in Baltimore: No. 421 Folson St.; 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, December 4, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 7 mos. 14 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman on Tug.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Frederick Md.

PARENTS.

10-NAME OF FATHER, Thomas Ebberts

11-BIRTHPLACE OF FATHER (State or Country), Frederick Md

12-MAIDEN NAME OF MOTHER, Emma ——

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Anna M. Ebberts Wife
(Address) 421 Folson St.

15- JUL 19 1916 [illegible] Asst Permit Clerk
Filed....., 191....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) [illegible] (Coroner.) M. D.

July 18, 191... (Address) 1017 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill Cemet — DATE OF BURIAL, July 21 19 16

20-UNDERTAKER William Cook — ADDRESS 502 E. North Ave

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 96689 104 C 96689

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Wendall St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Howard Schmincke

(Residence in Baltimore: No. 1414 Wendall St. St.: 1 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct. 27, 1914. (Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Henry C. Schmincke

11-BIRTHPLACE OF FATHER (State or Country), Balto., Md.

12-MAIDEN NAME OF MOTHER Catherine M. Davis

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. C. Schmincke

(Address) 1414 Wendall St.

15- Filed JUL 19 1916, 191.... Burial Permit Issued. ROBERT J. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to July 18 1916, that I saw h.. alive on July 18 1916, and that death occurred, on the date stated above, at 12 55 m.

The CAUSE OF DEATH* was as follows:

Contusion

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. L. Dee Gray M. D.

July 18, 1916. (Address) 621 Forth Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, July 20 1916.

20-UNDERTAKER William Cook ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96690 C96690

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Guilford apts. ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Bradford Johnson

(Residence in Baltimore: No. Guilford Ave + North Aves

If under 1 year, 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: July 28, 1835
(Month) (Day) (Year)

7-AGE: 80 yrs. 11 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Washington Co. Md.

PARENTS.

10-NAME OF FATHER: John R. Dall

11-BIRTHPLACE OF FATHER (State or Country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Melior Ogle Buchanan

13-BIRTHPLACE OF MOTHER (State or Country): Annapolis Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth D. Johnson

(Address) The Guilford

15- Filed JUL 19 1916 191[illegible] ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 1" 1916, to July 17 1916, that I saw h[illegible] alive on July 17 1916, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 wks. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

July 19, 1916 (Address) 1 W. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL, July 20, 1916.

20-UNDERTAKER: Henry J. Fenton Sons Co. ADDRESS 1 W. Fallsbot[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96691 C96691

CERTIFICATE OF DEATH.

REGISTERED No. C 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 W Lombard St.; 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Dougherty

(Residence in Baltimore: No. 1503 W Lombard St.; 10 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH: unknown, (Month) (Day) 1 (Year)

7-AGE: 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Killarney Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Tyner

(Address) 1503 W. Lombard St.

15- Filed JUL 19 1916 191 ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 29 1916 to July 19 1916, that I saw h[illegible] alive on July 19 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Uterine Fibroid

(Duration) 3 yrs. mos. ds.

(Signed) Philip F. Schwensberg M. D.

July 20 1916. (Address) 1120 W Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Richmond Va. DATE OF BURIAL, July 20., 1916.

20-UNDERTAKER Holt Brooks & Son ADDRESS 17 S Calhoun St

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

13 C96692

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 C96692

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 Jenkins Alley ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Underwood

(Residence in Baltimore: No. 1021 Jenkins Alley St.; 1 yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 14 (Day), 1915 (Year)

7-AGE, 1 yrs. 5 mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto. City.

PARENTS.

10-NAME OF FATHER. Philip Underwood

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Edith Smith

13-BIRTHPLACE OF MOTHER (State or Country). Balto. City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Underwood

(Address) 1021 Jenkins Aly

15- Filed JUL 19 1916, 191... HUBERT F. KRAUTHER, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 191 6, to July 17 191 6, that I saw h[illegible] alive on July 17 191 6, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 7 mos. ds.

(Signed) E. H. Mueller M. D.

7/18, 1916. (Address) 1230 Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mont Auburn	July 19, 191...
20-UNDERTAKER John A. Owen	ADDRESS 122 Dover

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96693 64 C96693

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 438 Orchard ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Garrison

(Residence in Baltimore: No. 438 Orchard St.: 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, House Work
(b) General nature of industry, business, or establishment in which employed (or employer), At Home

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, Geo Collins

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Annie Collins

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie Garrison

(Address) 1910 White St

15- Burial Permit Clerk

Filed JUL 19 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1916, to July 16 1916, that I saw her alive on July 16 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

Paralyzed on left side

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) yrs. mos. ds.

(Signed) Samuel A. Bain M. D.

July 18, 1916 (Address) 93 W Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn

DATE OF BURIAL, July 19, 1916

20-UNDERTAKER John H Owen

ADDRESS 1222 Druid

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96694

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 710 Bouse ST.; 17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward C. Donnelly

(Residence in Baltimore: No. 710 Bouse St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October, 1, 1866
(Month) (Day) (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Md Club

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Patrick Donnelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Julia O'Connor

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Donnelly

(Address) 710 Bouse St.

15-

Filed JUL 19 1916, 191.

ALBERT . KRAUT[illegible]
Burial Permit Cl[illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to July 18 1916, that I saw h[illegible] alive on July 18 1916, and that death occurred, on the date stated above, at 0409 m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis 3

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac asthenia 2

(Duration) yrs. mos. ds.

(Signed) Geo. Fennecter M. D.

July 18, 1916. (Address) 800 Harlem Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt May Towerstown

DATE OF BURIAL, July 21, 1916.

UNDERTAKER John J Cowan & Son

ADDRESS 901 Hollins St

H

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96695 C96695

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Rolsky

(Residence in Baltimore: No. 1417 Orleans Street St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 12 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Israel Rolsky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Esther Simcoff

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Haydu

(Address) Johns Hopkins Hospital

15-

Filed JUL 19 1916, 191.....

HARRY C. ANELLO, Deputy Register, City

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to July 18 1916, that I saw h[er] alive on July 18 1916, and that death occurred, on the date stated above, at 10.35 p m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) ~~Gilbert W. Rosenthal~~

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert W. Rosenthal M. D.

July 19, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State Life mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1417 Orleans Street

19-PLACE OF BURIAL OR REMOVAL, Woodmansbrde M. Garmel DATE OF BURIAL, 7/19 1916

20-UNDERTAKER Jack Levins ADDRESS E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

C96696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C96696

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 W. Fayette ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Robinson

(Residence in Baltimore: No. 915 W. Fayette St. St.: 66 yrs., 5 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb (Month) 24 (Day), 1850 (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 5 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wire Worker
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. William B. Robinson wife

(Address) 915 W. Fayette St.

15- Filed JUL 19 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to July 18 1916, that I saw him alive on July 18 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. 2 mos. ds.

(Signed) Henry C. Chiles M. D.

July 19, 1916. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Friday..., 191..
20-UNDERTAKER	ADDRESS
Jos. J. Smith	[illegible] W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E96697 E96697

CERTIFICATE OF DEATH.

119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Church Home Infirmary WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Knauss

(Residence in Baltimore: No. 240 S. Washington St.; 62 yrs., 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, Sept. (Month) 21 (Day), 1853 (Year)

7-AGE, 62 yrs. 9 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer), Day

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Knauss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Klies

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. Knauss

(Address) 240 S. Washington St

15-

Filed JUL·19 1916, 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18th (Day), 1916 (Year).

17-I HEREBY CERTIFY, That I attended deceased from July 18th 1916, to July 18th 1916, that I saw him alive on July 18 1916, and that death occurred, on the date stated above, at 1130 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Robert L. Rusk M. D.

July 18th, 1916. (Address) 1010 N. Lakewood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 MO ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 141 S Washington St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 20 191 6

20-UNDERTAKER Ruff & Turner

ADDRESS Lake & Broadway

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13. C96698

CERTIFICATE OF DEATH.

104

C96698

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2024 Alice Anna ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Slumzynski

(Residence in Baltimore: No. 2024 Alice Anna St.: 1 yrs., - mos., - 1/ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single.

6-DATE OF BIRTH, July (Month) 18 (Day), 1915 (Year)

7-AGE, 1 yrs. mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mateusz Slumzynski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Adela Korzeniowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mateusz Slumzynski

(Address) 2024 Alice Anna St.

15- JUL 20 1916 ROBERT . KRAUTER, Registrar.

FUNERAL Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1916, to July 19 1916, that I saw h im alive on July 19 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) John H. Kehberger M. D.

July 19, 1916 (Address) 1709 Alice Anna St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 20 1916

20-UNDERTAKER W. J. Galkowski

ADDRESS 168 Eastern ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

½ C96099 40 C96099

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 East Federal Street St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac J. Anderson

(Residence in Baltimore: No. 333 East Federal Street St. 24 yrs., --- mos. --- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Feb 9th, 1844
(Month) (Day) (Year)

7-AGE. 72 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work NIGHTWATCHMAN
(b) General nature of industry, business, or establishment in which employed (or employer) Brass Foundary

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John W. Anderson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Mrs Priscilla Anderson
(Informant)
333- East Federal Street
(Address)

15- Filed JUL 20 1916, 191... ROBERT . KRAUT[illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 19th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15th 1916, to July 19th 1916, that I saw h[illegible] alive on July 19th 1916, and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) ---

(Duration) yrs. mos. ds.

(Signed) Jefferson Brooks M. D.

7/20/16 191... (Address) 2844 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, 7/21/16, 191...

20-UNDERTAKER William Cook

ADDRESS 502 North Avenue

Wm Buck 3844 St Paul Street

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 096700 — 104 — C 96700

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Woodall St.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma V. Schmincke.

(Residence in Baltimore: No. 1414 Woodall St. St.: ...yrs., 6 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ...(Month) Dec. ...(Day) 24, ...(Year) 1913

7-AGE, ...yrs. 6 mos. 25 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry C. Schmincke

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Catherine M. Hanes

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. C. Schmincke

(Address) 1414 Woodall St

15- Filed JUL 20 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...(Month) July ...(Day) 19, ...(Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from July 17 1916, to July 17 1916, that I saw her alive on July 17 1916, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) C. T. Dealey M. D.

July 19, 1916. (Address) 621 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, July 20, 1916

20-UNDERTAKER Tom Cook

ADDRESS 1016 Northaven

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 39

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 N Register ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August W. Knippschild

(Residence in Baltimore: No. 1804 N Register St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct 24, 1829 (Month) (Day) (Year)

7-AGE, 86 yrs. 8 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Franz Knippschild

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Knippschild

(Address) 1539 N Fulton Ave

15- FILED JUL 20 1916 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11 1916 to July 18 1916, that I saw him alive on July 18 1916 and that death occurred, on the date stated above, at 6.47 m.

The CAUSE OF DEATH* was as follows:

Blood Poison
Cancer of mouth
(Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Blood Poison
(Duration) yrs. 1 mos. 6 ds.

(Signed) Dr. G. W. Kennard M. D.

July 19, 1916. (Address) 708 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 20, 1916.

20-UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

Dr Kennard - Linden St

Spec.—8-24-14—M. & T.—2000 Bks.

Remove to 3234 Elliott St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96702 +45 C96702

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos ST.; 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Holbrook.

(Residence in Baltimore: No. 3234 Elliot St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (write the word.) Married

6-DATE OF BIRTH, April 3, 1851 (Month) (Day) (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto County Md

PARENTS.

10-NAME OF FATHER, John Knight

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Elizabeth Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Holbrook

(Address) 3234 Elliott St.

15- JUL 20 1916 BUREAU OF VITAL STATISTICS

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6, 1916, to July 19 1916, that I saw her alive on July 19 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(Duration) 0 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. H. Shaw M. D.

July 19, 1916 (Address) Franklin Sq Hos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 3234 Elliot St.

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, July 22 1916

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

B C96703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 C96703

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Lyn Hos ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret L. Wagenen

(Residence in Baltimore: No. 1316 N. Asquith St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 4 (Day), 1894 (Year)

7-AGE, 22 yrs. ..... mos. 16 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, P. P. Dillard

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Jessie Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo T Wagenen

(Address) 1316 Asquith St

15- JUL 20 1916 ROBERT . KRAUTH
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 18 1916, to July 20 1916, that I saw her alive on July 20 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia
Influenza

(Duration) ..... yrs. ..... mos. 2d ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. H. Bunn M. D.

July 20, 1916 (Address) Franklin Sq Hos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 d. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1316 N. Asquith

19-PLACE OF BURIAL OR REMOVAL, Walkerton Va. DATE OF BURIAL, July 21, 191...

20-UNDERTAKER Robt Brooks & Son ADDRESS 175 Calhoun St

Spec.—5-19-13—M. & T.—500 Bks.

B C96704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71 C96704

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Russell ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin Higdon

(Residence in Baltimore: No. 1029 Russell St.; ....yrs., mos. 3 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... July (Month) 16 (Day), 1916 (Year)

7-AGE, ...yrs. .....mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Higdon

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Minnie Deer

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Higdon

(Address) 1029 Russell St

15- JUL 20 1916 ROBERT . KRAUTH

Filed..... 191... Burial Permit ...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 19 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from July 16 1916, to July 19 1916, that I saw him alive on July 19 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Convulsions
Premature Birth

..... (Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Wm. Lester M. D.

July 20, 1916. (Address) 835 Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem.	July 20, 1916
20-UNDERTAKER	ADDRESS
C. Schloman & Son	1039 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96705 104 C96705

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Druid Hill ave ST.; WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Fr James Walker

(Residence in Baltimore: No. 2119 Druid Hill ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Infant

6-DATE OF BIRTH, ... (Month) 11 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. 8 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), 2119 Druid Hill ave

PARENTS.

10-NAME OF FATHER, Milton Fr James Walker

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ruth Norman Flemming

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) milton James walker

(Address) 2119 Druid Hill ave

15- Filed JUL 20 1916, 191... ROBERT ... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 18 1916, to July 19 1916, that I saw h alive on July 19 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm N. Mayer M. D.

....., 191... (Address) 1209 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pikesville Cemetery — DATE OF BURIAL, July 20, 191...

20-UNDERTAKER John H Toadvine — ADDRESS 142 N Hill St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96706 64 C96706

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Bonnie Road & Wolcott St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Rinnicker

(Residence in Baltimore: No. Bonnie Road & Wolcott St.; yrs., mos. ds.)

None

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married

6-DATE OF BIRTH, June (Month) 5 (Day), 1840 (Year)

7-AGE, 74 yrs. 7 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired Grain Merchant
(b) General nature of industry, business, or establishment in which employed (or employer). Sold Grain

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Rinnicker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Miss - Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Rinnicker

(Address) Bonnie Road & Wolcott

15- FILED JUL 20 1916, 191.. ROBERT . KRAUTH Burial Permit ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Died Suddenly

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hardening of Arteries.

(Duration) yrs. mos. ds.

(Signed) Jno. C. Clemm M. D. (Coroner.)

July 20, 1916 (Address) 17 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State None yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loraine Cemetery	July 21, 1916
20-UNDERTAKER E. W. Mitchell & Co	ADDRESS 120 W. Fayette

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96707 154 C96707

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 E West ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie L Younger

(Residence in Baltimore: No. 41 E West St. 64 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. May (Month) 26 (Day), 1833 (Year)

7-AGE 83 yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer). none

9-BIRTHPLACE, (State or Country). Talbott Co. Md.

PARENTS.

10-NAME OF FATHER. Wm. Stevens

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Fannie L. Stevens

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm C Younger

(Address) 41-E West St.

15- Filed JUL 20 1916, 191... ROBERT . KRAUTER Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July (Month) 17 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 16 1916, to July 17 1916, that I saw h.. alive on July 17 1916, and that death occurred, on the date stated above, at 1.15 m.

The CAUSE OF DEATH* was as follows:

Old age

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) not known

(Duration) - yrs. - mos. - ds.

(Signed) Wm E Stifler M. D.

7/17, 1916. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death - yrs. - mos. - ds. In the State - yrs. - mos. - ds.

Where was disease contracted, if not at place of death? - - - - -

Former or usual residence - - - - -

19-PLACE OF BURIAL OR REMOVAL. Wolfe Cemetery

DATE OF BURIAL. July 20 191.6

20-UNDERTAKER W. W. Rowson

ADDRESS 2309 Gunn

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96708 C96708

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Warwick ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Kauffman

(Residence in Baltimore: No. 1819 Warwick Ave St.; 55 yrs., 4 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 4, 1861. (Month) (Day) (Year)

7-AGE, 55 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Henry Kauffman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Ruoblock

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm Mallonee

(Address) 515 Oakdale ave

15- JUL 20 1916 ROBERT . KRAUS Special Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1916, to July 18 1916, that I saw h[er] alive on July 18 1916, and that death occurred, on the date stated above, at 7:35 p.m.

The CAUSE OF DEATH* was as follows:

bardiac Asthma

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 1 yrs. mos. ds.

(Signed) J. J. Hagerman M. D.

July 19, 1916 (Address) 130 N. Pat Bmr

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem DATE OF BURIAL, July 19, 1916.

20-UNDERTAKER W M Routson ADDRESS 230 N Greene

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96709 104 C96709

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2094 W Saratoga ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick J Sjoberg

(Residence in Baltimore: No. 2094 W Saratoga St.; 54 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, Oct 27th, 1913
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Nils Sjoberg

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER Mamie Lange

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nils Sjoberg

(Address) 2094 W Saratoga

15- Filed JUL 20 1916, 191.. ROBERT . KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1916, to July 17 1916, that I saw h[illegible] alive on July 17 1916, and that death occurred, on the date stated above, at 3 50 m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Auto Intoxication

(Duration) ... yrs. ... mos. 2 ds.

(Signed) E. Wendelken M. D.

July 19, 1916. (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 21, 1916

20-UNDERTAKER John A Horan — ADDRESS Balto

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

F' C96710 — 104 C96710

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 225 N Pappleton ST.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wm Krauss

(Residence in Baltimore: No. 225 N. Pappleton St.: yrs. 4 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Bay.

6-DATE OF BIRTH: March 10, 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. 4 mos. 9 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Wm E Krauss

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Marie H Meinhardt

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marie H Krauss

(Address) 225 N. Pappleton

15- JUL 20 1916 — ROBERT . KRAUSE — Burial permit clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 19, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1916, to July 19 1916, that I saw h— alive on July 19 1916, and that death occurred, on the date stated above, at 1:15 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Patient 2 days.

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Malnutrition

(Duration) ..... yrs. ..... mos. 9 ds.

(Signed) J. T. Chaplin M. D.

....., 191.. (Address) 1505 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore — DATE OF BURIAL: July 20th 1916

20-UNDERTAKER: John J Fields — ADDRESS: 1200 W Lombard

IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C96711

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. John Hopkins Hosp St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dixon

(Residence in Baltimore: No. 927 Rutland Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Sing

6-DATE OF BIRTH: March 21, 1916 (Month) (Day) (Year)

7-AGE: ....yrs. 3 mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): md

PARENTS.

10-NAME OF FATHER: John Dixon

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Nellie

13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): C. Phelps

(Address): John Hopkins Hosp.

15- Filed JUL 20 1916, 191.. ROBERT J. KRAUT Burial permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1916, to July 13 1916, that I saw h... alive on July 13 1916, and that death occurred, on the date stated above, at 11 00 p. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Rogerty M. D.

July 14, 191.6 (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 927 Rutland Ave

19-PLACE OF BURIAL OR REMOVAL: OPKINS HOSPITAL

DATE OF BURIAL, July 14, 191..

20-UNDERTAKER

ADDRESS

Commissioner of Health

FOR ANATOMICAL PURPOSES.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West End Maternity Hospital — REGISTERED NO. C 96712

CITY OF BALTIMORE: (No. 112 N. Calhoun St.; 16 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Vaughn + Blanche Furnice

(Residence in Baltimore: No. 1008 Brantley Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, July (Month) 18 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 2 hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Vaughn Furnice

11-BIRTHPLACE OF FATHER (State or Country) Md.

12-MAIDEN NAME OF MOTHER Blanche Drummond

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Euclid B. Baldwin M.D.

(Address) West End Mty Hospl

15- Filed JUL 20 1916, 191 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to July 18 1916, that I saw her alive on July 18 1916, and that death occurred, on the date stated above, at 8.00 m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. 2 mos. 11 ds.

CONTRIBUTORY (Secondary) Heat radiation and unspecified exposure

(Duration) yrs. mos. ds.

(Signed) E B Baldwin M. D.

July 19 1916 (Address) 1039 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, July 19, 1916

20-UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96713 ×63 C96713

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lemelich Feier (Green)

(Residence in Baltimore: No. Mercy Hospital St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 1 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. P. F. Shippen

(Address) 2148 Florida Ave, Wash D.C.

15- JUL 20 1916 ROBERT J. KRAUTH Burial permit given

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1916, to July 19 1916, that I saw h.r alive on July 19 1916, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

..... General Cellulitis of Thorax

..... (Duration) ..... yrs. ..... mos. Do not know ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

..... (Duration) ..... yrs. ..... mos. Do not know ds.

(Signed) Edward P. Sweet M. D.

July 19, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 19 ds. In the State Do not know yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2148 Florida Ave, Wash D.C.

Former or usual residence 2148 Florida Ave, Wash D.C.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, July 21, 1916

20-UNDERTAKER Henry W. Allen & Son

ADDRESS 105 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 96714

CERTIFICATE OF DEATH.

103

C 96714

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 East 23rd St.; WARD) 17

REGISTERED NO. C

2-FULL NAME Milton Sales

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 404 East 23 St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, C.L

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1865 (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H.d. Carrier
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ula Carroll

(Address) 404 E 23 St

15-

Filed JUL 20 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1916, to July 18 1916, that I saw h[illegible] alive on July 17 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis supervened by excessive eating of drinking and exposure to extreme heat

(Duration) ..... yrs. ..... mos. 12 hrs.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. Garland Carroll M. D.

July 18, 1916 (Address) 1534 E. N. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, July 20, 1916

20-UNDERTAKER Mrs. R A Elliott ADDRESS 500 East 24

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96715 C96715

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2240 Penna Ave St.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Flater

(Residence in Baltimore: No. 2240 Penna Ave St.; 39 yrs. 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Wh

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) married

6-DATE OF BIRTH, June 17 (Month) (Day), 1877 (Year)

7-AGE, 39 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jacob Rader

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Lena Eiseman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary Eiseman

(Address) 2240 Penna Ave

15-

Filed JUL 20 1916 ROBERT KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to July 19 1916, that I saw h~~er~~ alive on July 19 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Bright Disease

(Duration) ....yrs. ....mos. 19 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. 2 ds.

(Signed) J. F. Nelson M. D.

July 20, 1916. (Address) 1302 W. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cem. DATE OF BURIAL. July 21, 1916

20-UNDERTAKER Wm A Rohde & Son ADDRESS 73 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 409 N. Green ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Salapia

(Residence in Baltimore: No. 409 N. Green St St.; yrs., 11 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. (Month) 19 (Day), 1891 (Year)

7-AGE, 24 yrs. 8 mos. da. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Auto. painter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Sam Salapia

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Buccheri

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Salapia

(Address) 409 N. Green St

15- Filed JUL 20 1916, 191 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Diphtheritic Glandular Enlargement especially of Throat

(Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 da.

(Signed) J. Eastwood Smith M. D. (Coroner.)

July 20, 1916 (Address) 910 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cem. DATE OF BURIAL, July 21 16

20-UNDERTAKER Geo. A. Farley ADDRESS Fulton & Lombard

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(96717 (96717

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 749 W. Lexington ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Volk

(Residence in Baltimore: No. 749 W. Lexington St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 5 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Nurse
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Morris Volk

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Blitzman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Volk

(Address) 749 W. Lexington St

15- Filed JUL 20 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to July 20 1916, that I saw her alive on July 20 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) 2 days

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Taylor M. D.

July 20, 191 6 (Address) 212 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 749 W. Lexington St

19-PLACE OF BURIAL OR REMOVAL, Dolphin Woodlawn

DATE OF BURIAL, July 21, 191 6

20-UNDERTAKER J. Thomson & Bro

ADDRESS 1107 E Baltimore St

C96718 C96718

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 126

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. Hahnemann Genl Hospital St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Capt Charles Aberg h

(Residence ~~in Baltimore~~: No. Hahnemann Genl Hospital St.; ~~4~~ yrs ~~10~~ mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Nov (Month) 6 (Day), 1838 (Year)

7 AGE: 77 yrs. 8 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Master Mariner

9 BIRTHPLACE (State or country): Sweden

PARENTS

10 NAME OF FATHER: Adolph Aberg h

11 BIRTHPLACE OF FATHER (State or country): Sweden

12 MAIDEN NAME OF MOTHER: Sophia. ——

13 BIRTHPLACE OF MOTHER (State or country): Sweden

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Milne

(Address) 5 Magnolia Ave.

15 JUL 20 1916 1916

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1916, to July 18 1916, that I saw h~~im~~ alive on July 18, 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Surgical Shock following operation (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Enlarged Prostate Gland (Duration) 15 yrs. ..... mos. ..... ds.

(Signed) J. S. H. Patterson M. D.

July 18 1916 (Address) 508 E. Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ——yrs.——mos. 13 ds. In the State ——yrs.——mos.——ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 5 Magnolia Ave Hamilton

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 21 1916

20 UNDERTAKER: H. E. Hughes — ADDRESS: 173 Broadway

is very important. See instructions on back of certificate.

C96719

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C96719

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No Hahnemann Gen. Hosp ST.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Merrick Sheckells

(Residence in Baltimore: No. 116 Callender St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 14 (Day), 1843 (Year)

7-AGE: 73 yrs. 2 mos. 6 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Charles Sheckells

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Rebecca Reeder

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Philip J. Jourdens
(Address) 217. S. Paca st

15 JUL 20 1916 191 — Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 20th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1916, to July 20 1916, that I saw h[illegible] alive on July 19th, 1916, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY): Pneumonia

(Duration) 2 yrs. — mos. — ds.

(Signed) H G Jones M. D.
July 20, 1916 (Address) 1235 N Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death — yrs. 1 mos. 7 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? Does not know
Former or usual residence 116 Callender St

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: July 22, 1916.

20-UNDERTAKER: Jos Jourdens + Son — ADDRESS: 217. S. Paca st.

is very important. See instructions on back of certificate. — 1916 — OCCUPATION

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96720 C96720

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 Mc Elderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes L. Horkey

(Residence in Baltimore: No. 2132 Mc Elderry St.; 1 yrs., 1 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 20 (Day), 1915 (Year)

7-AGE, 1 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER Chas O'Hara

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mamie Horkey

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Tate

(Address) 2132 Mc Elderry St.

15- Filed JUL 20 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1916, to July 19 1916, that I saw h.. alive on July 19 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ....yrs. ....mos. 11 ds.

(Signed) C. C. Hearn M. D.

7-21-16, 191.. (Address) 2116 E. Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, July 21, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C96721 C96721

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Glover ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Martin Stout Jr

(Residence in Baltimore: No. 809 N. Glover St. St.; 1 yrs., 11 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 9, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 11 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Francis M. Stout

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Ella M. Burton

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank M. Stout

(Address) 809 N. Glover St.

15- Filed JUL 20 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to July 20 1916, that I saw h[illegible] alive on July 19 1916, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 1 yrs. ..... mos. 2 ds.

(Signed) Edward J. Levook M. D.

7/20, 1916 (Address) 413 N. Washington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, July 23 1916

20-UNDERTAKER Christian Mueller

ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(96722) 30 (96722)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 Hull. ST.; 24th WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert E Isrell.

(Residence in Baltimore: No. 1312 Hull. St.; 8 yrs., 11 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 1st, 1907 (Month) (Day) (Year)

7-AGE, 8 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Isrell.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Adeline Grazo.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adeline Homer.

(Address) 1312 Hull St.

15-

Filed JUL 21 1916, 191... ROBERT J. KRAUT... Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 13th 1916, to July 15 1916, that I saw him alive on July 15 1916, and that death occurred, on the date stated above, at 11.07 P m.

The CAUSE OF DEATH* was as follows:

Intracerebral Hemorrhage

..... (Duration)..... yrs..... mos. 12 ds.

CONTRIBUTORY (Secondary) Coma

..... (Duration)..... yrs..... mos. 5 ds.

(Signed) P. Turnbull Taylor M. D.

July 20th, 1916. (Address) Kernan Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill. DATE OF BURIAL. July 21, 1916

20-UNDERTAKER E & B Hark ADDRESS 115 E West St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96723 C96723

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1910 Fleet ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fedrick Nowak

(Residence in Baltimore: No. 1910 Fleet St.; yrs., 10 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 26 (Day), 1915 (Year)

7-AGE, yrs. 10 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Anthony Nowak

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Mary Wojcik

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Nowak.

(Address) 1910 Fleet St.

15-

Filed JUL 21 1916 191.. ROBERT . KRAUSE

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10th 1916, to July 20th 1916, that I saw h.. alive on July 19th 1916, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

2 wks. (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Amelia E. Finch M. D.

July 20th, 1916. (Address) 1717 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 21, 1916

20-UNDERTAKER Tom Fialkowski

ADDRESS 161 E. Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96721 x175 C96721

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD) REGISTERED NO. C .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lee Edwards

(Residence in Baltimore: No. Fleeton Va. St.; yrs., ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 30, 1888
(Month) (Day) (Year)

7-AGE, 28 yrs. 3 mos. 20 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Fleeton Va

PARENTS.

10-NAME OF FATHER, Robert E. L. Edwards

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Shipley

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Robert E. L. Edwards.
(Address) Fleeton Va.

15- JUL 21 1916 ROBERT . KRAUTHE, Registrar.
Filed....., 191.. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Intestinal Hemorrhage, and traumatic Shock caused by falling from a Motor Cycle, (accident.)
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
(Duration).....yrs.....mos.....ds.

(Signed) Albert D. Driscoll M. D.
(Coroner)
July 20 1916 (Address) 312 S. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place University Hospital In the
of death.....yrs.....mos. 1 ds. State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? Fleeton Va
Former or usual residence Fleeton Va

19-PLACE OF BURIAL OR REMOVAL, Fleeton Va
DATE OF BURIAL, July 23 19 16

20-UNDERTAKER George J. Smith & Co
ADDRESS Fayette St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96725

HEALTH DEPARTMENT—CITY OF BALTIMORE

135

C96725

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St. 20 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Hoyn

(Residence in Baltimore: No. 1955 W. Lexington St.; 32 yrs., 2 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 10 (Day), 1884 (Year)

7-AGE, 32 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, John E. Ward

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine Gaber

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances B. Hoyn

(Address) 1955 W. Lexington St

15- Filed JUL 21 1916 ROBERT . KRAUTH Burial Permit Issued. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to July 20 1916, that I saw her alive on July 20 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Post Partum Hemorrhage
Surgical Shock
Laceration & Separation of
Placenta (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)
.... (Duration) ....yrs. ....mos. ....ds.

(Signed) Elmer Newcomer M. D.

7-21, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1955 W. Lexington

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 22 1916

20-UNDERTAKER George J. Smith

ADDRESS 1000 Gaye St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96726 89 C96726

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2615 Boone ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Deolia Sylvia

(Residence in Baltimore: No. 2615 Boone St.; 1 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 3 (Month) 13 (Day), 1914 (Year)

7-AGE, 2 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Paulina Sylvia

11-BIRTHPLACE OF FATHER (State or Country), Mexico

12-MAIDEN NAME OF MOTHER Blanche Pontell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Pontell

(Address) 2615 Boone St

15- Filed JUL 21 1916, 191... ROBERT . KRAUTH Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1916, to July 19 1916, that I saw her alive on July 19 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cute Bronchitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Debilitas

(Duration) yrs. mos. ds.

(Signed) R. Garland Schmell M. D.

July 20, 191... (Address) 1534 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, July 22, 191 6

20-UNDERTAKER M L R A Elliott

ADDRESS 506 East

C96727

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96727

1 PLACE OF DEATH — REGISTERED NO. C 76

CITY OF BALTIMORE: (No 101 S Broadway ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alpheus H Roy

(Residence in Baltimore: No. 101 S Broadway St.; 60 yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb. (Month) 17th (Day), 1849 (Year)

7-AGE: 67 yrs. 5 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Thos H. Roy

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Mary Churchhise

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M A. Roy

(Address) 101 S. Broadway

15- JUL 21 1916 Filed ....., 191 - ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 7- (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-12, 1916, to, 7-18 1916, that I saw h~~im~~alive on 7-18 1916, and that death occurred, on the date stated above, at 6 45P m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) yrs mos. 5 ds.

Contributory (SECONDARY) Temporal abscess of Brain
Purulent otitis Media

(Duration) yrs 1½ mos. ds.

(Signed) J E Eakle M. D.

7. 20 ~ 191 6 [Address] 111 S Bdway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: July 21 1916

20-UNDERTAKER: Rundell Lippincott

ADDRESS: 37 S. Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 096728 104 096728

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 Elliott ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maryanna Krayna

(Residence in Baltimore: No. 3018 Elliott St.; Yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. 5, 1913 (Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stephen Krayna

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Malgozata Wlodarczyk

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Malgozata Wlodarczyk

(Address) 3018 Elliott

15- JUL 21 1916 HOURS. MINUTES.

Filed ....., 191.....

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 17 1916, to July 20 1916, that I saw her alive on July 19 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. B. Dutlow M. D.

July 20, 191.6 (Address) 303 S. O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Kostka

DATE OF BURIAL, July 21, 1916.

20-UNDERTAKER Stephen J. Fialkowski

ADDRESS 1014 S. Kenwood Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

(96729)

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Argyle Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Holland

(Residence in Baltimore: No. 932 Argyle Ave St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1873 (Year)

7-AGE, 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Alfred McCannon

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hester Lan

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Basil Holland

(Address) 932 Argyle Ave

15- Filed JUL 21 1916 191... ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to July 19 1916, that I saw her alive on July 19 1916, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

(a) Myocarditis, & Chronic Nephritis

Contributory

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 20 ds.

(Signed) Edw. J. Rood M. D.

191... (Address) 1612 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, July 23 191 6

20-UNDERTAKER Geo. A. Holland

ADDRESS 577 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96730 96730

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Leadenhall ST.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Ennis

(Residence in Baltimore: No. 916 Leadenhall St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1856 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer): Of Oyster House

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Solomon Ennis

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Sarah Ann Stewart

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ennis

(Address) 916 Leadenhall St

15- JUL 21 1916 ROBERT J. KRAUTER, Burial Permit Clerk.

Filed ....., 191.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to July 18 1916, that I saw h[illegible] alive on July 18 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Paresis

of Pneumonia Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia

(Duration) yrs. mos. 2 ds.

(Signed) J. Allison Bowley M. D.

7/21/1916 (Address) 136 W. 1st St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, July 21 1916

20-UNDERTAKER John H. Toadvine

ADDRESS 142 Wistick St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96731

CERTIFICATE OF DEATH.

120 C96731

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 S. Regester St. ST.; V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolphina Kruger.

(Residence in Baltimore: No. 123 S. Regester St. St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov. (Month) 27th (Day), 1844 (Year)

7-AGE, 71 yrs. 7 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Wofshinski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Osterman.

(Address) 123 S. Regester St.

15-, JUL 21 1916 ROBERT GRAUSTEIN Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 6 1916, to July 19 1916, that I saw h[illegible] alive on July 18 1916, and that death occurred, on the date stated above, at 11.15 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Geo. Heller M. D.

July 24, 1916. (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem.

DATE OF BURIAL, July 22nd, 1916

20-UNDERTAKER Lilly & Zeiler.

ADDRESS 4038 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 96732 104 C 96732

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME .....

(Residence in Baltimore: No. ..... St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH,

....., 1..... (Month) (Day) (Year)

7-AGE,

.....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JUL 21 1916, 191.....

ROBERT . BRAUTIGAM
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH,

....., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191.....,
that I saw h.....alive on .....191.....,
and that death occurred, on the date stated above, at .....m.
The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Vincents, Cem.	July 21st, 191 6
20-UNDERTAKER Tilly & Zeiler	ADDRESS 1038 W. Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96733 C96733

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 913 N. Fulton Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Isaac A Smith

(Residence in Baltimore: No. 913 N. Fulton Ave St.; ..... yrs., 7 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: May (Month) 17 (Day), 1829 (Year)

7-AGE: 86 yrs. 10 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: — Presbury

11-BIRTHPLACE OF FATHER (State or Country): Don't Know

12-MAIDEN NAME OF MOTHER: Malinda Downey

13-BIRTHPLACE OF MOTHER (State or Country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Miss Kate Maxfield

(Address): 913 N. Fulton Ave

15- Filed JUL 21 1916 191... ROBERT . KRAUTH Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: July (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to July 20 1916, that I saw h[illegible] alive on July 19 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-enteritis

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary): Asthenia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) M. O. Barnes M. D.

7-20, 1916 (Address) 1302 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Monrovia Md

DATE OF BURIAL, July 22, 1916

UNDERTAKER: Chas. E. Franck

ADDRESS: 802 Madison Ave

Wm H. Ball

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH Math Ore Co Braddish Ave — 15 — 157

CITY OF BALTIMORE (No. In The Woods ST.: 15 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Ball

(Residence in Baltimore: No. Alexandria, Va St.; yrs., None mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 12 (Day), 1885 (Year)

7-AGE, 30 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Sold goods

9-BIRTHPLACE. (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Samuel H. Ball

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emma A. Ball

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother

(Address) 3019 Windsor Ave

15- JUL 21 1916 191.. ROBERT J. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hanging
Suicide [Hanging Emma Grafe Wife
(Duration) yrs. mos. dz.

CONTRIBUTORY (Secondary) Insanity
(Duration) yrs. mos. ds.

(Signed) Dr. J. Wiltshire M. D. (Coroner)

July 20, 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State None yrs. mos. ds.

Where was disease contracted, if not at place of death? None

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, July 21, 1916

20-UNDERTAKER Chas. E. Tomoh ADDRESS 802 Madison Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96735 4 104 C96735

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Sarah Ann ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Hicks

(Residence in Baltimore: No. 604 Sarah Ann St.; ..... yrs., 7 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Single

6-DATE OF BIRTH, Dec. 11th, 1915.
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 9 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Thomas Hicks

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Norcina Selnick

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Norcina Hicks

(Address) Edgleigh Heights

15- JUL 21 1916 191.. ROBERT , KRAUTHE Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to July 20 1916, that I saw him alive on July 20 1916, and that death occurred, on the date stated above, at 1.40 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed) Grant McGuire M. D.

July 21 1916 (Address) 322 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem'y

DATE OF BURIAL, July 22, 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 1338 Pine

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96736

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2nd General Hosp. 14 WARD) REGISTERED No. C 131

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rice

(Residence in Baltimore: No. 544 Baker St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colr

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1869 (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Thomas Gray

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Susie Cole

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Rice

(Address) 544 Baker st.

15- ROBERT J. KRAUSE, Burial Permit Clerk

JUL 21 1916 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15, 1916, to July 19, 1916, that I saw her alive on July 19, 1916, and that death occurred, on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Essential Arteriosclerosis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia Croupa

(Duration) yrs. mos. ds.

(Signed) Chas. W. Chisholm M. D.

7-19-, 1916 (Address) 1st Genl Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 544 Baker St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, July 21, 1916

20-UNDERTAKER James F. Dennis

ADDRESS 130 Preston

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(96737) 16 (96737)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. C

CITY OF BALTIMORE: (No. 1401 Division ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dorothy King

(Residence in Baltimore: No. 1401 Division St St.; yrs., 2 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sngl

6-DATE OF BIRTH, May (Month) 11 (Day) 1916 (Year)

7-AGE, ...yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, ? Unknown

11-BIRTHPLACE OF FATHER (State or Country), ? Unknown

12-MAIDEN NAME OF MOTHER ? Unknown

13-BIRTHPLACE OF MOTHER (State or Country), ? Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St

15- FILED JUL 21 1916 ROBERT . KRAUTH, Mortal Permit Clerk, 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 18 1916, that I saw her alive on July 17 1916, and that death occurred, on the date stated above, at 11.55 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ....yrs. ....mos. 18 ds.

(Signed) F. C. Towers M. D.

July 19, 1916 (Address) 2511 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, July 21, 1916

20-UNDERTAKER J. F. Fahey & Son — ADDRESS 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 2 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathaniel Barr

(Residence in Baltimore: No. 1739 E Baltimore St St.; yrs., 2 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 5 (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Samuel Barr

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Gross

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. M. Hardy

(Address) Johns Hopkins Hospital

15- Filed ..... 191..., ROBERT . KRAUTH Registrar.

JUL 21 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191..., to July 21 1916, that I saw h[illegible] alive on July 21 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Intestinal Indigestion acute

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Syphilis

..... (Duration) ..... yrs. 7 mos. ..... ds.

(Signed) H. F. Barker M. D.

July 21, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1739 E Baltimore St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, July 21, 1916

20-UNDERTAKER Jack Levin — ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96739 C96739

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 S. Monroe ST. 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Jane Williams

(Residence in Baltimore: No. 328 S. Monroe St.: 50 yrs., 6 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH. May 4, 1844. (Month) (Day) (Year)

7-AGE. 72 yrs. 2 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Tailoress
(b) General nature of industry, business, or establishment in which employed (or employer)..... Making clothes

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Jos C Williams

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Rebecca Marshall

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss May Stockett

(Address) 328 S. Monroe St.

15- ROBERT J. KRAUSE Burial Permit Clerk

Filed JUL 21 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1913, to July 1 1916, that I saw her alive on July 19 1916, and that death occurred, on the date stated above, at 10th A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Henry C. Coe M. D.

July 20, 1916 (Address) 120 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

18-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, JUL 22 1916

20-UNDERTAKER Geo. A. Gerber

ADDRESS Baltimore

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 C96740 — 28 — C96740

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 117 S. Payson St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. E. Owen Sr

(Residence in Baltimore: No. 117 S. Payson St.; Life time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED OR WIDOWED~~ (Write the word): Married

6-DATE OF BIRTH: Not Known (Month) (Day) 1859 (Year)

7-AGE: 57 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter.
(b) General nature of industry, business, or establishment in which employed (or employer): House.

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: John Owen

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Elizabeth Owen

(Address) 117 S Payson St

15. Filed JUL 21 1916 ROBERT . KRAUTH, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 20 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1916, to July 20 1916 that I saw him alive on July 19, 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. 2 mos. ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wallis Hemming M. D.

July 21, 1916 (Address) 2000 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: JUL 23 1916

20-UNDERTAKER: Geo. A. Gerber

ADDRESS: Balto & Payson

is very important. See instructions on back of certificate.

C96741

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96741

1 PLACE OF DEATH

REGISTERED NO. C 79

CITY OF BALTIMORE: (No. 2719 North Calvert St. ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Barton Craig

(Residence in Baltimore: No. 2719 North Calvert Street St.; 36 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: June 18, 1878 (Month) (Day), 1 (Year)

7-AGE: 38 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Importer of
(b) General nature of industry, business, or establishment in which employed (or employer): silks and laces

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: G. W. Hume Craig

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Clementine Barton

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Clementine Craig

(Address) 2719 N. Calvert St.

15- Filed JUL 21 1916 ROBERT . KRAUSE Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 19th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12th, 1916, to July 19th 1916, that I saw him alive on July 19th 1916, and that death occurred, on the date stated above, at 1225 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
Aortic orroffice
(Duration) Unknown mos. ds.
Contributory (SECONDARY) Obstruction Syncope
(Duration) yrs. — mos. 7 ds.

(Signed) William J. Pillsbury. M. D.

July 20th 1916 [Address] 2801 Eutaw Place

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: July 22 1916

20-UNDERTAKER: Henry W. Meas & Son

ADDRESS: 30 5 N. Calvert St.

C96742

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C96742

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1620 St Paul ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah D. Frost

(Residence in Baltimore: No. 1620 St. Paul St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month), 1857 (Year)

7 AGE: 57 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Thomas F Welch

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Dodgrell

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Harry Frost
(Address) 1620 St Paul St

15 Filed JUL 22 1916 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 20 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb, 1915, to July 20th 1916, that I saw h— alive on July 19th, 1916, and that death occurred, on the date stated above, at 4 30 a. m.
The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs.

(Duration) 1 yrs. 6 mos. — ds

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) L. F. Robinson M. D.

July 21st, 1916 (Address) 141 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: July 22, 191 6

20 UNDERTAKER: W. Fahey & Sons | ADDRESS: 606 Lafayette Ave

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96743

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96743

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S. Bradford ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kozycki

(Residence in Baltimore: No. 604 S. Bradford St. St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March (Month) 19 (Day), 1864 (Year)

7-AGE, 52 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): Builder

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Stanislaw Kozycki

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katarina Kozycki

(Address) 604 S. Bradford

15- JUL 22 1916 Filed....., 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to July 20 1916, that I saw h— alive on July 20 1916, and that death occurred, on the date stated above, at A.A m.

The CAUSE OF DEATH* was as follows:

.....

.....apoplexy.....

.....

..... (Duration).....yrs.....mos.....2.....ds.

CONTRIBUTORY (Secondary) Heart

..... (Duration).....yrs.....mos.....ds.

(Signed) J. J. Weinlein M. D.

July 20, 1916 (Address) 16 N. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 23, 1916.

20-UNDERTAKER William Fiallowski ADDRESS 1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96744 C96744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Shakespeare ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stefania Wysocka

(Residence in Baltimore: No. 1618 Shakespeare St.; 0 yrs. 5 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Feb. (Month) 21 (Day), 1916 (Year)

7-AGE: ....yrs. 5 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): In fant

9-BIRTHPLACE, (State or Country): Baltimore.

PARENTS.

10-NAME OF FATHER: Frank Wysocki

11-BIRTHPLACE OF FATHER (State or Country): Russian Poland

12-MAIDEN NAME OF MOTHER: Mary Andrychowski

13-BIRTHPLACE OF MOTHER (State or Country): Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Wysocki

(Address) 1618 Shakespeare

15 JUL 22 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 191 6, to July 20 191 6, that I saw h[illegible] alive on July 20 191 6, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) ....yrs. ....mos. 16 ds.

CONTRIBUTORY (Secondary) Contrac Paralysis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) W. J. Bamert M. D.

July 21, 1916 (Address) 2008 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 22 1916

20-UNDERTAKER Tom Frankowski

ADDRESS 1618 Eastern

Spec.—S-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96745 C96745

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2614 Bernard St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Kavanaugh

(Residence in Baltimore: No. 2614 Bernard St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 19 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Martin J. Kavanaugh

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nellie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Kavanaugh

(Address) 2614 Bernard St

15- JUL 22 1916 HARRY C. ANDREWS

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 1916, to July 19 1916, that I saw h.im alive on July 19 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Emmet Cleary M. D.

7/20, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

COLLEGE OF P. & S.

Commissioner of Health.

Spec.—5-19-13—M. & T.—500 Bks.

Wacław Wróblewski

Spec.—5-19-13—M. & T.—500 Bks. Waclaw Wkaszewicz.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96746 C96746

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 alicia ann ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Waclaw Wkaszewicz

(Residence in Baltimore: No. 1705 Alicesanne St.; yrs. 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 24, 1915
(Month) (Day) (Year)

7-AGE, yrs. 6 mos. 27 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Stanislaus Wkaszewicz

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland.

12-MAIDEN NAME OF MOTHER Alexandria Piotrowska

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexandria Piotrowska

(Address) 1705 Alicesanne St.

15- JUL 22 1916 Filed, 191. HARRY P. ABELL Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1916, to July 21 1916, that I saw h— alive on July 21 1916, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Infantile Eczema

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Schulgen M. D.

July 21 1916 (Address) 16 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem. DATE OF BURIAL. July 22 1916.

20-UNDERTAKER W. F. Sadowski ADDRESS 705 S. Ann St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96747 89 C96747

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 S. Chapel. St.; 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Deinlein

(Residence in Baltimore: No. 11 S. Chapel St. St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. (Month) 13 (Day), 1848 (Year)

7-AGE, 67 yrs. 7 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Deinlein

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Deinlein

(Address) 11 S. Chapel St.

15. JUL 22 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 5 1915, to July 19 1916, that I saw h~~im~~ alive on July 4 1916, and that death occurred, on the date stated above, at 8.15 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Acute Bronchitis

(Duration) ..yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Senile Breakdown, Old Age

(Duration) ..yrs. mos. ds.

(Signed) J. H. Ellenberg M. D.

July 21, 1916 (Address) 810 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Holy Redeemer Cem. DATE OF BURIAL, July 22, 191.6

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

C96748 C96748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Mozer ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Dix

(Residence in Baltimore: No. 2118 Mozer St.; yrs. 11 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, July (Month) 29 (Day), 1910 (Year)

7-AGE, yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Raymond Dix

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Margaret Benzing

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Dix

(Address) 2118 Mozer St.

15-

Filed JUL 22 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to July 21 1916, that I saw him alive on July 21 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

(Acute) Meningitis

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary).....

(Duration) ...yrs. ...mos. ...ds.

(Signed) William H. Johnson M. D.

July 21, 1916 (Address) 201 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, July 23 1916

20-UNDERTAKER J. J. Horn

ADDRESS 1916 E. Fayette

Spec.--8-24-14—M. & T.—2000 Blks.

Gladys Quickley

C96749 C96749

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 N. Dallas ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys Quickley

(Residence in Baltimore: No. 1620 N. Dallas St.; ..yrs., 7 mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, March 26, 1916
(Month) (Day) (Year)

7-AGE, 0 yrs. 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Buddy Kelly

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Edith Quickley

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith Quickley

(Address) 1620 N. Dallas St

15-

Filed JUL 22 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Saw patient only after Death, 191.., to ..191..

that I saw h.. alive on ..191..,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Summer Diarrhoea

7

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) M. H. Fodel M. D.

July 20 191.6 (Address) 1235 Carolina St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Forrest Comm

DATE OF BURIAL, July 21st 1916

20-UNDERTAKER Harry A. Vodery

ADDRESS 1725 Orleans st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96750 C96750

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hos. ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Hilley

(Residence in Baltimore: No. 2033 Hollins St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 5th (Month) (Day), 1852 (Year)

7-AGE, 63 yrs. 8 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, J. Edward Hilley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER May Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. Gilley

(Address) 1408 E. Lafayette St.

15- Filed JUL 22 1916, 191.... [illegible] KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15 1916, to July 21 1916, that I saw him alive on July 21 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH was as follows:

Chronic Parenchymatous Nephritis & Carcinosis of Liver

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. J. Mays M. D.

July 21, 1916 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 2033 Hollins St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Crm

DATE OF BURIAL, July 23, 1916

20-UNDERTAKER Graham & Walker

ADDRESS 1230 Whaf

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. On boat Annapolis off Poplar Grove St.. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Mrs. E. E.~~ William Edwards

(Residence in Baltimore: No. 703 Vine St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 17, 1887
(Month) (Day) (Year)

7-AGE, 29 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Wood Yard

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, H. Edwards

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER ~~Mother~~ Maggie Edwards?

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willie Edwards

(Address) 705 Vine

15- Filed JUL 22 1916, 191.. ROBERT . KRAUTH
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Tuberculosis

(b) Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart disease

(Duration) yrs. mos. ds.

(Signed) M. J. Tully M. D.
(Coroner.)

July 22, 1916 (Address) 1657 Bruckner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, July 22, 1916

20-UNDERTAKER Samuel T. Hendley — ADDRESS 5/8 W Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 96752 64 C 96752

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1305 Etting St.; 17 (WARD)

2-FULL NAME Cordelia Washington

(Residence in Baltimore: No. 1305 Etting St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

59 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) (Day) 1857 (Year)

7-AGE, 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Washington

(Address) 1305 Etting St

15-

FILED JUL 22 1916 ROBERT J. KRAUTH

1916 Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1916, to July 20 1916, that I saw her alive on July 14 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 3 ds.

(Signed) W. E. J. Carr M. D.

July 21 1916 (Address) 515 Woodberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, July 22, 1916

20-UNDERTAKER John Howard ADDRESS 1222 Division

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C 24 172

1-PLACE OF DEATH

City of Baltimore (No. Mercy Hospital St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Kaufman

(Residence in Baltimore: No. Light & Wells Sts 234 E. Barney St; yrs. 45 mos. 8 ds. 27)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct. (Month) 24 (Day), 1870 (Year)

7-AGE, 44 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brass moulder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Kaufman

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Dunkum

13-BIRTHPLACE OF MOTHER (State or Country), Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Kaufman

(Address) 234 E. Barney St.

15- Filed JUL 22 1916 191 [illegible] KRAUT [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cirhosis Determinum Renum

or Bilio mania

Fall on pavement (Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) May have had fract. Jaw

Caused by accidentally fall (Duration) 2 days mos. ds.

(Signed) W. T. Riley M. D.

July 21, 1916 (Address) 1639 Bruce

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Light & Wells Sts.

Former or usual residence 234 E. Barney St.

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, 7-23-, 1916

20-UNDERTAKER J. Frank McCully ADDRESS 396 Fort.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 McCulloh ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Alonta Coates

(Residence in Baltimore: No. 1912 McCulloh St.: 3 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) (Day), 1876 (Year)

7-AGE, 43 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Genl Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Osborne Mackie

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Georgiana Mackie-nee Mackie

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida A. Coates

(Address) 1912 McCulloh St

15- Filed JUL 22 1916 191.. ROBERT . KRAUT Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July - 1 - 1916, to July 20 1916, that I saw h[illegible] alive on July 20 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Ac Nephritis; Pulmonary Tuberculosis; Cardiac failure

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Probably Syphilitic infection

(Duration) yrs. mos. ds.

(Signed) Edw. S. Cort M. D.

July 21 1916 (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, July 22 1916

20-UNDERTAKER John H Toadvine ADDRESS 1412 Druid St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96755

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

1 PLACE OF DEATH — REGISTERED NO. C 96755

CITY OF BALTIMORE: (No. 2607 Bruce Terrace ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Carroll Chenowith

(Residence in Baltimore: No. 2607 Bruce Terrace St.; yrs. 3 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write this word): Single

6-DATE OF BIRTH: 3rd (Month) 28th (Day), 1916 (Year)

7-AGE: yrs. 3 mos. 23 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore city.

PARENTS

10-NAME OF FATHER: John Chenowith

11-BIRTHPLACE OF FATHER (State or country): Balto County

12-MAIDEN NAME OF MOTHER: Holly Rose

13-BIRTHPLACE OF MOTHER (State or country): Balto County.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Moore.

(Address) 2607 Bruce East.

15- Filed JUL 22 1916, 191- ROBERT . KRAUTHEIM Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 21, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16, 1916, to, July 18 1916, that I saw h[illegible] alive on July 16 1916, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Ileo - Colitis

(Duration) yrs mos. 7 ds.

Contributory (SECONDARY) Marasmus

(Duration) yrs 4 mos. ds.

(Signed), Wm E Burger M. D.

, 191 [Address] 2118 N Fulton ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: H Petersheim — DATE OF BURIAL: July 22nd, 1916

20-UNDERTAKER: [illegible] Gauthier — ADDRESS: 1624 Mt. Royal Ave.

HEALTH DEPARTMENT---CITY OF BALTIMORE

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

115

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2111 E Baltimore St.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Georgiana Hoffer

(Residence in Baltimore: No. 2111 E Baltimore St.; 79 yrs. 7 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem.

4-COLOR OR RACE: Wh

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Dec. (Month) 8th (Day), 1836 (Year)

7-AGE: 79 yrs. 7 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: Hy. R. Lauderman

11-BIRTHPLACE OF FATHER (State or country): Balto.

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie L. Hoffer

(Address) 2206 Madison Ave

15- Filed JUL 22 1916 ROBERT . KRAUTH Registrar

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 20th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1915, to July 20 1916, that I saw her alive on July 19 1916, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of liver
Jaundice

(Duration) ..... yrs One mos. ..... ds.

Contributory (SECONDARY): Dropsy and gen'l. weakness

(Duration) ..... yrs Few mos. ..... ds.

(Signed) E A Guest M. D.

July 20, 1916 [Address] 1605 N. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: July 23. 1916

UNDERTAKER: Philip Herring — ADDRESS 2016 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96757

CERTIFICATE OF DEATH.

104

C96757

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2232 W. Elderry St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma Proctor

(Residence in Baltimore: No. 2232 W. Elderry St.; yrs. 8 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 27 (Day), 1915 (Year)

7-AGE. yrs. 8 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jno Proctor

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Pearl Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pearl Proctor

(Address) 2232 W. Elderry

15-

Filed JUL 22 1916, 191. ROBERT . KRAUT[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to July 21 1916, that I saw h[illegible] alive on July 21 1916, and that death occurred, on the date stated above, at 11:50 A. m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis Duration

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 5 hrs

(Signed) Chas B. Fox M. D.

July 21, 1916 (Address) 1830 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem

DATE OF BURIAL, July 23 1916

20-UNDERTAKER Philip Herwig

ADDRESS 706 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

105

CERTIFICATE OF DEATH.

D (96758

(96758

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 N. Durham ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Smith

(Residence in Baltimore: No. 722 N. Durham St.; life yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colo.	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1873 (Year)

7-AGE, 43 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milburn Bell

(Address) 1533 E. Monument St.

15- JUL 22 1916 ROBERT . KRAUTH
Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17, 1916, to July 20, 1916, that I saw her alive on July 19, 1916, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Gastro intestinal Catarrh.

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Gastric Catarrh.

(Duration) ....yrs. ....mos. 3 ds.

(Signed) R. A. Brown M. D.

July 20, 1916 (Address) 1532 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cemetery	July 23, 1916

20-UNDERTAKER Milton Davis ADDRESS 760 N. McElderry

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96759

CERTIFICATE OF DEATH.

104

C96759

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Biddle & Loney Lane ST.; East of 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria B. Bidler

(Residence in Baltimore: No. Biddle & Loney Lane St.; — yrs., 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 3 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
— yrs. 2 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John A Bidler

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Anna S. Dorbert

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna S. Bidler

(Address) Biddle & Loney Lane

15- Filed JUL 22 1916, 191... ROBERT . KRAUTH, Asst Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to July 20 1916, that I saw h— alive on July 20 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Gastero enteritis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Geo. Heller M. D.

7-21-1916, 191... (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery | DATE OF BURIAL, July 22, 191.6

20-UNDERTAKER Christian Miller | ADDRESS 2334 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96760

CERTIFICATE OF DEATH.

120

C96760

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.: 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Carroll

(Residence in Baltimore: No. 110 Hollins alley St.: 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	widowed

6-DATE OF BIRTH, December (Month) (Day) 1865 (Year)

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Carroll

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Barker

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Mapleton

(Address) 1044 W. Lombard St.

15- JUL 22 1916 Filed, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21 (Month) (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from May 19 1916, to July 21 1916, that I saw h[illegible] alive on July 21 1916, and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) 5 yrs. mos. ds.

(Signed) James F. Heagy M. D.

7/21, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. mos. ds. In the State 65 yrs. mos. ds.

Where was disease contracted, if not at place of death? 110 Hollins Alley

Former or usual residence 110 Hollins Alley

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, July 24, 1916.

20-UNDERTAKER John J. Bowan & Son

ADDRESS 901 Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96761 x 120 C96761

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Monaghan

(Residence in Baltimore: No. St Josephs Hospital St.; [redacted] yrs.) mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Sept 10 (Month) (Day), 1864 (Year)

7-AGE, 51 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Graduate Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) Hospitals

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. Cornelius Monaghan

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Anna O'Donnaghe

13-BIRTHPLACE OF MOTHER (State or Country). Ireland —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen D Monaghan

(Address) 5004 Sheridan Ave

15- JUL 22 1916 HUBERT . KRAUTH Registrar.
Filed....., 191... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1916, to July 20th 1916, that I saw her alive on July 20th 1916, and that death occurred, on the date stated above, at 11.50 A.M.

The CAUSE OF DEATH* was as follows:

(a) Chronic Parenchymatous Nephritis

(b) unknown (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Cardiomyocondetis

dont know (Duration) ....yrs....mos....ds.

(Signed) Ernest M. F. Rieger M. D.

July 20, 1916. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Mount Pleasant Baltimore Md

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 22 1916

20-UNDERTAKER Peter F Tome — ADDRESS 1411 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96762

CERTIFICATE OF DEATH.

x 113

REGISTERED No. C96762

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Geacklein

(Residence in Baltimore: No. 3306 Myrtle Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, July (Month) 2 (Day) 1855 (Year)

7-AGE, 61 yrs. mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Washing
(b) General nature of industry, business, or establishment in which employed (or employer) at Hmt

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Schaeffer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER ? Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Hardy

(Address) Johns Hopkins Hospital

15- ROBERT KREUTZ

FILED JUL 22 1916 Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1916, to July 20 1916, that I saw h[illegible] alive on July 20 1916, and that death occurred, on the date stated above, at 8 58 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

not known

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(Duration) yrs. 2 mos. ds.

(Signed) Paul H. Clough M. D.

July 20 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3306 Myrtle Ave (Highlandtown)

19-PLACE OF BURIAL OR REMOVAL, Italy Cemetery DATE OF BURIAL, July 23 1916

20-UNDERTAKER Robt. E. Turner ADDRESS 1424 Bridge

Spec.--5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96763 40 C96763

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1438 N. Bond ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Richards

(Residence in Baltimore: No. 1438 N Bond st St.: 73 yrs., 11 mos. 29 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widower

6-DATE OF BIRTH, July (Month) 23 (Day), 1848 (Year)

7-AGE, 73 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Richards

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Miltner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Marley

(Address) 1438 N Bond St

15-

Filed JUL 22 1916 19... ROBERT ... KRAUS ... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1916, to July 21 1916, that I saw h-m alive on July 20 1916, and that death occurred, on the date stated above, at 4.45a m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

(Duration) several hours

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(Duration) about 1 yr. mos. ds.

(Signed) G. Lebrun Ewalt, M. D.

July 22, 1916 (Address) 905 N. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westminster

DATE OF BURIAL, July 23, 1916

20-UNDERTAKER W. E. Underwood

ADDRESS Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Bks.

B C96764 C96764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Scott St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac McElroy

(Residence in Baltimore: No. 707 Scott St St.; 41 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Aug (Month) 5 (Day), 1874 (Year)

7-AGE, 44 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Butcher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Thomas McElroy

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Lockard

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed McElroy

(Address) Wallmington Del

15- JUL 22 1916 Burial Permit Issued

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1916, to July 21 1916, that I saw h[illegible] alive on July 21 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cancer Stomach

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Hypertension Nephritis

(Duration) yrs. mos. ds.

(Signed) Stephen L. Dorsey M. D.

July 22, 191 6 (Address) 1 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, July 23, 1916

20-UNDERTAKER W J Gilchrist & Son ADDRESS Remington Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96765 × 31 C96765

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Cadest

(Residence in Baltimore: No. Elkridge Md. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, (Whether White, Black, Mulatto, Quadroon or Octoroon) (Write the word.) Black

5-If married, widowed or divorced

6-DATE OF BIRTH, ... (Month) ..... (Day) 1872 (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer on R.R.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Coges.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rachael Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Hill

(Address) Elkridge Md

15- Filed JUL 22 1916 191.. ROBERT . KRAUSE Mortal Pursuit [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) – 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-11 1916, to 7-21 1916, that I saw h-m alive on 7-21 1916, and that death occurred, on the date stated above, at 5-35 P. m.

The CAUSE OF DEATH* was as follows:

1 Tubercular Peritonitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Houston Foulkes M. D.

7-21, 1916. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Elkridge Md

Former or usual residence Elkridge Md

19-PLACE OF BURIAL OR REMOVAL, Elkridge Md

DATE OF BURIAL, July 23 1916

20-UNDERTAKER Wm G Tickner & Sons

ADDRESS 425 Cathedral

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C96766

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mt. Holly Inn ST.: 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosilla S. Hockheimer

(Residence in Baltimore: No. Mt Holly Inn St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan 17, 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Bernard Simon

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rena Rozzensky

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Hockheimer

(Address) 2339 Eutaw Place

15- Filed JUL 22 1916 ROBERT . KRAUTH Registrar

Grace Hospital Park

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cystitis & Cerebral

2 years (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Wording of Arteries

(Duration) yrs. mos. ds.

(Signed) F. Wallerius M. D.
(Coroner)

July 21, 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State None yrs. mos. ds.

Where was disease contracted, if not at place of death?

None

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, July 23, 1916

20-UNDERTAKER David Sondheim ADDRESS 1888 Madison Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C96767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 C96767

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Roney

(Residence in Baltimore: No. 902 East Madison St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1858 (Year)

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore md.

PARENTS.

10-NAME OF FATHER: Peter Roney

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Margaret Roney

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): John Roney

(Address): 902 E. Madison St.

15- Filed JUL 22 1916, 191.. MURRAY Registrar.

Burial Permit 61...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 13 1915, to July 20 1916, that I saw her alive on July 20 1916, and that death occurred, on the date stated above, at 12 05 m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

Abdominal (Clinical Diagnosis) last illness

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myo. Carditis

(Duration) yrs. 7 mos. ds.

(Signed) Ernest M. Pegues M. D.

July 20., 191. 6 (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 7 mos. — ds. In the State 58 yrs. mos. ds.

Where was disease contracted, if not at place of death? don't Know.

Former or usual residence 902 East Madison St.

19-PLACE OF BURIAL OR REMOVAL, Pikesville Cem. DATE OF BURIAL, July 24 191..

20-UNDERTAKER Chas. P. Ennis & Son ADDRESS 11 E. Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96768 / C96768

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 S. Patonmac ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Beynon

(Residence in Baltimore: No. 1011 S. Patonmac St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 11 (Day), 1913 (Year)

7-AGE, 3 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John G. Beynon

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Eva Ritterbusch

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Beynon

(Address) 1011 S. Patonmac St.

15- Filed JUL 22 1916, 191.... ROBERT . KRAUT... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916. (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 10 1916, to July 21 1916, that I saw h.er alive on July 21 1916, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Meningitis

(Duration) ....yrs. ....mos. 4 ds.

(Signed) H. B. Titlow M. D.

July 21, 1916. (Address) 3033 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oaklawn Cemetery

DATE OF BURIAL. July 23, 1916.

20-UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 303 Hanover ST.: 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Gavalis

(Residence in Baltimore: No. 303 Hanover St.

St.; ~~yrs.~~, 2 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 11, 1916
(Month) (Day) (Year)

7-AGE, ~~yrs.~~ 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Albert Gavalis

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Eva Majakutin

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Gavalis (Father)

(Address) 303 Hanover St

15- JUL 22 1916 ROBERT KRAUTHEIM

Filed....., 191.. Assistant Registrar.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

a.....

Diarrhoea

b.....

c.....

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Pelamphoria

(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

July 22, 1916. (Address) 1017 St. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, July 23 1916

20-UNDERTAKER John Gelbaugh's

ADDRESS 500 S Paca St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96770 104 C96770

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2417 Oak St. ST.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Dixon

(Residence in Baltimore: No. 2417 Oak St. St.; yrs. 5 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 17, (Day) 1916 (Year)

7-AGE: yrs. 5 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md Balto

PARENTS

10-NAME OF FATHER: John S. Dixon

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Blanche Clark,

13-BIRTHPLACE OF MOTHER (State or country): Va

14-I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. W. Stitt

(Address) 2435 Maryland Ave

15. Filed JUL 23 1916, 191 [illegible] KRAUT[illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1916 to July 22, 1916, that I saw h[illegible] alive on July 22, 1916, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Entero colitis

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) R. W. Stitt M. D.

July 24, 1916 (Address) 2435 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel cmetry — DATE OF BURIAL: July 23, 1916

20-UNDERTAKER: Joseph A. Farrell — ADDRESS: 2319 Division St

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 4 C96771

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 N Bradford St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May Gill

(Residence in Baltimore: No. 825 N Bradford St.; ..... yrs., 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Infant

6-DATE OF BIRTH, May (Month) 23 (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Gill

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Josephine Stach

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Gill

(Address) 825 N Bradford St

15- JUL 23 1916 Filed ..... 191.... ROBERT J. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1916 to July 21 1916, that I saw h[illegible] alive on July 21 1916, and that death occurred, on the date stated above, at 10.35 P. m.

The CAUSE OF DEATH* was as follows:

Duodenum

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Gastro-enteritis

migrate (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Alvin B Lippmann M. D.

July 22, 1916. (Address) 1 W Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July ....., 1916.

20-UNDERTAKER, Frank Cracknell Son — ADDRESS 964 Hubbard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96772 C96772

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Schmell

(Residence in Baltimore: No. 772 W. Saratoga St.; unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) — (Day) — 1858 (Year)

7-AGE, 58 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Collector
(b) General nature of industry, business, or establishment in which employed (or employer): Plumbing Business

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Schmell

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margaret Fellman

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Schmell

(Address) 712 Cathedral St.

15- JUL 23 1916 [illegible]

Filed....., 191.... [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from July 7 1916, to July 21 1916, that I saw him alive on July 21 1916, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma.

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) V. Houston Toulson M. D.

July 21, 1916. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 772 W. Saratoga St. City.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	July 22, 1916.

20-UNDERTAKER	ADDRESS
Geo. Leinbach & Son	647 11 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96773

CERTIFICATE OF DEATH.

81

REGISTERED NO. C 96773

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1915 Belair Rd. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. W. Ray Becker

(Residence in Baltimore: No. 1915 Belair Rd, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) Sept 2 (Day), 1846 (Year)

7-AGE, 69 yrs. 10 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Wenzlau Hanuch,

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Anna Franz

13-BIRTHPLACE OF MOTHER (State or Country), Austria,

14-THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE.

(Informant) Robert Shue

(Address) 1915 Belair Rd

15- Filed JUL 23 1916, 191... ROBERT KRAUT Asst. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) H. A. Gatch M. D.
(Coroner)

....., 191... (Address) 1915 Belair Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 24 1916

20-UNDERTAKER Frank A. Fink — ADDRESS 915 N. Gay St

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96774

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

40

C96774

REGISTERED NO. C .....

CITY OF BALTIMORE: (No. Union Prot. Infirmary St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Antonio Maltz

(Residence in Baltimore: No. 859 Park Ave. Baltimore St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1848 (Year)

7-AGE.	If LESS than 1 day,
68 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Builder

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. V. Maltz

(Address) Staunton, Va.

15-

Filed JUL 23 1916 191.... HOBART . KRAUTH

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1916, to July 22 1916, that I saw h— alive on July 22 1916, and that death occurred, on the date stated above, at 1 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY. Carcinoma of Stomach
(Secondary) (No operation performed)
..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Barnes S. Chaffee M. D.

July 22, 1916. (Address) Staunton, Va.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Above address.

19-PLACE OF BURIAL OR REMOVAL, Staunton Va. DATE OF BURIAL, July 25 1916

20-UNDERTAKER W. D. Desmond Sons ADDRESS Staunton

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96775

CERTIFICATE OF DEATH.

108 C96775

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen. Hospital St.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry L Melvin

(Residence in Baltimore: No. 248 N. Hoffman St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr 5, 1862 (Month) (Day) (Year)

7-AGE, 53 yrs. 9 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Owner

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Jacob S. Melvin

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Susan A. Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother Jas A Melvin

(Address) 224 N. Ca

15- Filed JUL 23 1916, 191.... ROBERT KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to July 22 1916, that I saw him alive on July 22 1916, and that death occurred, on the date stated above, at 2 2 p.m.

The CAUSE OF DEATH* was as follows:

a Paralysis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock from a portion

(Duration) 2 yrs. mos. ds.

(Signed) J. Mc Masters M. D.

July 23 1916. (Address) 6 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. 1 ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence 248 W. Hoffman St.

19-PLACE OF BURIAL OR REMOVAL. Shepherds Town W. Va. DATE OF BURIAL. July 23, 1916

20-UNDERTAKER W J Pilkington & Son ADDRESS Pennsylvania

C96776

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96776

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1233 Harford ave ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raikum A Seccombe,

(Residence in Baltimore: No. 1233 Harford ave St.; 66 yrs., 6 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 8 (Day), 1848 (Year)

7-AGE 68 yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Bauer

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Cadelia Allender

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Pauline Seccombe

(Address) 1233 Harford ave

15- Filed JUL 23 1916, 191... ROBERT , KRAUSE Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon; and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism : fall (

Alum [illegible] yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Bursley (Coroner.) M. D.

191... (Address) 21 Oakland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	July 24 1916
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C96777

HEALTH DEPARTMENT—CITY OF BALTIMORE—

CERTIFICATE OF DEATH.

105

C96777

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3032 W. North Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maude Marie Wise

(Residence in Baltimore: No. 3032 W. North Ave St.: ... yrs., 1 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. (Month) 21, (Day) 1914 (Year)

7-AGE, 2 yrs. 5 mos. 1 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, W. Bennett Wise

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary F. Walter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Bennett Wise

(Address) 3032 W. North Ave.

15-

Filed JUL 23 1916 ROBERT J. KRAUS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21st 1914, to July 22 1916, that I saw her alive on July 22-d 1916, and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) John H. Duff M. D.

7/22/16 191... (Address) 1843 N. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem DATE OF BURIAL, July 25 1916.

20-UNDERTAKER Wm J. Tickner & Sons ADDRESS North & Pa

1841

Spec.—8-24-14—M. & T.—2000 Bks.

C96778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C96778
REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Spring St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Augusta Bruckner

(Residence in Baltimore: No. 1717 Spring St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 4, 1838
(Month) (Day) (Year)

7-AGE 78 yrs. 2 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Carl Grasser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Susanna Sommerlow

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Bruckner

(Address) 1717 Spring St.

15-JUL 23 1916 ROBERT . KRAUS
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1916, to July 21, 1916, that I saw her alive on July 21, 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Myocarditis

(Duration) ? yrs. ? mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Lee Magruder M. D.

July 23, 1916. (Address) 1715 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, July 25, 1916.

20-UNDERTAKER Wm. J. Lee Burial Co. ADDRESS North & Penn.

Dr Magruder Postmaster Hartford

C96779

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96779

CERTIFICATE OF DEATH.

169

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Pier #3 Light St Wharf ST.: 42 WARD)

2-FULL NAME William Smith c 49

(Residence in Baltimore: No. 1127 Division St.; yrs. 4 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, ... Don't Know, 1 .....
(Month) (Day) (Year)

7-AGE, 21 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Deck Hand
(b) General nature of industry, business, or establishment in which employed (or employer).....

PARENTS.

9-BIRTHPLACE, (State or Country) Richmond Co Va.

10-NAME OF FATHER Charles Smith c

11-BIRTHPLACE OF FATHER (State or Country) Richmond Co Va

12-MAIDEN NAME OF MOTHER Rosa Levine

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas N. Veney

(Address) 539 W. Biddle St

15- JUL 23 1916 ROBERT . KRAUTH
Filed....., 191.... Clerk at Permit Office
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

July 21, 191 6 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Sharp Mt Va

DATE OF BURIAL, July 23 1916

20-UNDERTAKER Samuel T Hawkes

ADDRESS 578 Biddle

C96780

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C96780

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Charles & Lamburg. St.: 23 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George C. Wise

(Residence in Baltimore: No. 1203 S. Charles St. - St.; 62 yrs., ~~mos.~~ ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Widower

6-DATE OF BIRTH, December 5, 1842 (Month) (Day) (Year)

7-AGE, 73 yrs. 7 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Letter Carrier
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Henry Wise

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Albertine Walters

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Wise (Son)

(Address) 1203 S. Charles St.

15- Filed JUL 23 1916 191... ROBERT KRAUTZ Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. M. Bromhardt (Coroner.) M. D.

July 22, 1916. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, July 24th 1916

20-UNDERTAKER C. Schloman & Son ADDRESS 1039 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

C96781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96781

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 E. Fayette St.; 5 WARD) REGISTERED NO. C 74

2-FULL NAME Harry Schwartz

(Residence in Baltimore: No. 1140 E Fayette St.; St.; 17 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) — (Day) 1866 (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Candy
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Gerson Schwartz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bessie [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltst

15-

Filed JUL 23 1916 191 ROBERT KRAUT Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21st (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to July 21 1916, that I saw h[illegible] alive on July 21 1916, and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral tumor

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) yrs. 6 mos. ds.

(Signed) Edward E Beach M. D.

July 21, 1916 (Address) 1 E 21st St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herrn Ass — DATE OF BURIAL, 7/23, 191[illegible]

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C96782

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96782

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Singer

(Residence in Baltimore: No. 818 Harford ave St.; 1 yrs. 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 21 (Day), 1914 (Year)

7-AGE, 1 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt cty Md

PARENTS.

10-NAME OF FATHER, Shulip Singer

11-BIRTHPLACE OF FATHER (State or Country), Baltimd

12-MAIDEN NAME OF MOTHER Lena Liber

13-BIRTHPLACE OF MOTHER (State or Country), Baltimd

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Baltst

15-

Filed JUL 23 1916 191

ROBERT . KRAUTH
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1916, to July 22 1916, that I saw her alive on July 22 1916, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Rachitis

(Duration) yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) M. Kaskin M. D.

July 22, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 22 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 818 Harford ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 7.23., 1916

20-UNDERTAKER Joel Lewis

ADDRESS 1411 E Balt St

Spec.—8-24-14—M. & T.—2000 Bks.

C96783

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C96783

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Aliceanna ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Czeslaw Kocun

(Residence in Baltimore: No. 1615 Aliceanna St.; yrs. 8 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. (Month) 25 (Day), 1915 (Year)

7-AGE, yrs. 8 mos. 27 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Kocun

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Josefa Skys

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kocun.

(Address) 1615 Aliceanna

15- Filed JUL 23 1916, 191.. ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 191 6, to July 22 191 6, that I saw h[illegible] alive on July 21 191 6, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Enteritis Colitis

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Collapse

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. J. Kraus M. D.

July 22, 191.. (Address) 2008 Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Rosary	July 23, 1916

20-UNDERTAKER William F. Kalkowski ADDRESS 1617 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96784

CERTIFICATE OF DEATH.

104 C 96784

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Eastern Ave St.; 3 WARD)

REGISTERED NO. C

2-FULL NAME Andrew Budacz

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1520 Eastern Ave St.; yrs. 7 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 22 (Day), 1915 (Year)

7-AGE, yrs. 7 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Andrew Budacz

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Adela Warzynska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Budacz

(Address) 1520 Eastern Ave

15- JUL 23 1916 ROBERT . KRAUTH Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13th 1916, to July 21st 1916, that I saw h[illegible] alive on July 21st 1916, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Gastro-Enteritis

(Duration) yrs. mos. 9 ds.

(Signed) A T Kerr M. D.

July 21st, 1916 (Address) 24 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 24 1916

20-UNDERTAKER W M Fulton Sr

ADDRESS 1618 Eastern

~~96785~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~96785~~ 169 ~~96785~~

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier no 5 Pratt St. 5 WARD)

2-FULL NAME Joseph Junior Stewart

(Residence in Baltimore: No. 1402 Fairmount Ave. St.; yrs., Fifi mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ..., (Month) ....., (Day) 1 (Year)

7-AGE, 6 yrs. 3 mos. ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimd

PARENTS.

10-NAME OF FATHER, Joseph Stewart

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lizzie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Steward

(Address) 1402 Fairmount ave

15- Filed JUL 23 1916, 191.... ROBERT . KRAUTH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture

Accidental Drowning

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Kelly (Coroner.) ..... M. D.

July 22, 1916 (Address) 1629 Fairmount

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place ten minutes in the of death ....yrs....mos....ds. State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, July 23 1916

20-UNDERTAKER John W Henderson

ADDRESS 317 Caroline St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

Leonarda Rolnick

C96786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C96786

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Aliceanna ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonarda Rolnick

(Residence in Baltimore: No. 1708 Aliceanna St.; 5 yrs. 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feby (Month) 5 (Day) 1911 (Year)

7-AGE,	If LESS than 1 day,
yrs. 5 mos. 17 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore – Md.

PARENTS.

10-NAME OF FATHER, Anton Rolnick.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland

12-MAIDEN NAME OF MOTHER Angelia Pitko.

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton Rolnick.

(Address) 1708 Aliceanna St.

15- JUL 23 1916 Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to July 22 1916, that I saw her alive on July 22 1916, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Valentine M. D.

July 23 1916. (Address) 160 Bentz

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 23, 1916.

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Arnold

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96787

CERTIFICATE OF DEATH.

104 C96787.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kendall Carter

(Residence in Baltimore: No. 1142 N Stockton St ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 9 (Day), 1916 (Year)

7-AGE, ... yrs. 5 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Moses Carter

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Glover

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Hardy

(Address) Johns Hopkins Hospital

15- JUL 23 1916 Burial permit issued

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1916, to July 23 1916, that I saw him alive on July 23 1916, and that death occurred, on the date stated above, at 4 40 a.m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY..... (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert W. Rosenthal M. D.

July 23, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. 1 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1142 Stockton St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, July 24, 1916

20-UNDERTAKER Geo H Holland ADDRESS 617 Robert St.

C96788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 940 N Castle ST.: 7 WARD) REGISTERED No. C 74 C96788

2-FULL NAME Theresa Tersch

(Residence in Baltimore: No. 940 n Castle St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: wht

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Nov 5, 1 (Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Bonker,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Mar Krüss,

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augt. Tersch

(Address) 941 N. Castle St.

Filed JUL 23 1916, 191 ROBERT F. KRAUTH Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Inquest, autopsy or inquiry.) thereon; and from the evidence obtained by said Inq (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. C. Friedrich M. D.
(Coroner.)

191... (Address) 11 E Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, July 24 1916

20-UNDERTAKER Kenny Houck & Son ADDRESS 1301 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96789

CERTIFICATE OF DEATH.

28 C96789

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N. Eden St. 5 REGISTERED No. C

(If death occurred in a

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96789

CERTIFICATE OF DEATH.

28 C96789

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N. Eden St. ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Ellis Pinkett

(Residence in Baltimore: No. 534 N. Eden St St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 8 (Day), 1890 (Year)

7-AGE, 26 yrs. 6 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Domestic

9-BIRTHPLACE, (State or Country). Balto City Md

PARENTS.

10-NAME OF FATHER. George Ellis

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Susan Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Ellis

(Address) 534 N. Eden St

15- Filed JUL 23 1916 ROBERT . KRAUS Burial Permit No. ....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1916, to July 21 1916, that I saw h[illegible] alive on July 14 1916, and that death occurred, on the date stated above, at 9.40 p.m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis following Lobar Pneumonia

(Duration) About 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) Several days

(Signed) Edward Redfield M. D.

July 22, 1916. (Address) 1320 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery DATE OF BURIAL, July 24th, 1916.

20-UNDERTAKER Chas G Bailey ADDRESS 1711 Eden St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96790

CERTIFICATE OF DEATH.

104 C96790

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 E Lombard ST.; 2nd WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Ellen Johnson

(Residence in Baltimore: No. 522 E. Lombard St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 21, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ruth Rubaugh

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs George L Johnson

(Address) 522 Light Street

15- JUL 23 1916 191 ROBERT . KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to July 21 1916, that I saw h er alive on July 21 1916, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Diarrhoea Colitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Neale Stitler M. D.

7/21, 191 6 (Address) 1219 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, July 23, 1916

20-UNDERTAKER Margaret G. Flynn — ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96791

CERTIFICATE OF DEATH.

40 C96791

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndhurst Cor Windsor Mill Rd ST.; 16th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora K. Levin

(Residence in Baltimore: No. Wallbrook Lyndhurst Cor Windsor Mill Rd St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, July (Month) 24 (Day), 1841. (Year)

7-AGE, 74 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Harris Levin

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Esther Weinstock

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Silverman

(Address) Walbrook.

15- Filed JUL 23 1916 [illegible] Permit Clerk, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22, (Day) 191 6 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8th 1916, to July 22d 1916, that I saw h[illegible] alive on July 22d 1916, and that death occurred, on the date stated above, at 9 40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach—
Metastases in Liver—
(Duration) abt 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diagnosis based on clinical grounds—
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Lewis P. Hamburger M. D.
July 23d, 191 6 (Address) 17 W. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Cem. DATE OF BURIAL, July 24, 1916.

20-UNDERTAKER David Pondheim ADDRESS 118 W. Mt. Royal Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96792 C96792

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Lyndhurst Cor Windsor Mill Rd ST.; 16th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harris Levin

(Residence in Baltimore: No. 1 Lyndhurst Cor Windsor Mill Rd St.; 74 yrs., 11 mos., 28 ds.)

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96792

CERTIFICATE OF DEATH.

× 91 96792

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C Parker.

(Residence in Baltimore: No. University Hospital St.; ....yrs,....mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ..unknown.. (Month), ... (Day), 1881 (Year)

7-AGE,	If LESS than 1 day,
35 yrs. ....mos. ....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..Engineer on B & O.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, B. F. Parker.

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER L. Lowther.

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lula Parker

(Address) Rowlesburg W Va

15- Filed JUL 24 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..July.. (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1916, to July 23 1916, that I saw h.M alive on July 23 1916, and that death occurred, on the date stated above, at 4:10 A m.

The CAUSE OF DEATH* was as follows:

Bronchs Pneumonia

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Cranatomy (Exploratory)

..... (Duration) ....yrs. ....mos. 4 ds.

(Signed) Ernest Cain M. D.

7/23, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. 7 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Rowlesburg W Va.

19-PLACE OF BURIAL OR REMOVAL, Rowlesburg W. Va. DATE OF BURIAL, July 24th 1916.

20-UNDERTAKER Robert Brooks & Son ADDRESS S. E. Cor Calhoun & Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

C96793 HEALTH DEPARTMENT—CITY OF BALTIMORE 3 C96793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C .....

CITY OF BALTIMORE: (No. ..... St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jake Baum

(Residence in Baltimore: No. Union Prot. Infirmary St.; ..... yrs., ... mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, ... July 15, 1904 (Month) (Day) (Year)

7-AGE, 12 yrs. ..... mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Harris Baum

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rosalie Babolinsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St.

15- JUL 24 1916 Filed ....., 191.....

HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1915, to July 23 1916, that I saw h alive on July 23 1916, and that death occurred, on the date stated above, at 4:40 P.m.

The CAUSE OF DEATH* was as follows:

..... Hodgkins Disease

..... (Duration) 5 yrs. + mos. ..... ds.

CONTRIBUTORY (Secondary) Secondary Anemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Burrus S. Chaffee M. D.

July 23, 1916 (Address) Union Prot. Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 18 ds. In the State ..... yrs. ..... mos. 18 ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 254 Peach St. Macon, Ga.

19-PLACE OF BURIAL OR REMOVAL, Atlanta Ga — DATE OF BURIAL, 7/24, 1916

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E. Balt St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

C96794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C96794

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1361 N. Strucker st ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Holton

(Residence in Baltimore: No. 1361 N. Strucker st St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, May (Month) 26th (Day), 1916. (Year)

7-AGE, yrs. 1 mos. 26 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Clarence Holton

11-BIRTHPLACE OF FATHER (State or Country) St Marys Co. Md

12-MAIDEN NAME OF MOTHER Caroline Herbert

13-BIRTHPLACE OF MOTHER (State or Country), St Marys County, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Herbert

(Address) 1361 N. Strucker st

15-

Filed JUL 24 1916 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22nd (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15 1916, to July 22 1916; that I saw her alive on July 22 1916, and that death occurred, on the date stated above, at 1 OP m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry X Brown M. D.

July 23rd, 1916. (Address) 1501 Pressteman st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft Ellen

DATE OF BURIAL, July 24, 1916

20-UNDERTAKER Clarence E. Wright

ADDRESS 1364 Mary

Spec.—5-19-13—M. & T.—500 Bks.

C96795

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96795

Spec.—5-19-13—M. & T.—500 Bks.

C96795

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

C96795

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 W. Barre ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas H. Jones

(Residence in Baltimore: No. 618 W. Barre St.; 7 weeks yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 5 (Day), 1916 (Year)

7-AGE, yrs. 1 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Franklin Jones

11-BIRTHPLACE OF FATHER (State or Country), Caroline Co. Md.

12-MAIDEN NAME OF MOTHER Catherine Hahnemann

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Franklin Jones

(Address) 618 W. Barre St.

15- Filed JUL 24 1916, 191 HARRY [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19, 1916, to July 23 1916, that I saw him alive on July 23 1916, and that death occurred, on the date stated above, at 10, m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) John Lynch Jr. M. D.

July 23, 1916. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, July 24, 1916.

20-UNDERTAKER Chas J. Tuckey & Son ADDRESS 2[illegible] Mt. Wilson Ave

Spec.—5-19-13—M. & T.—500 Bks.

C96796

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

C96796

Spec.—5-19-13—M. & T.—500 Bks.

C96796

HEALTH DEPARTMENT—CITY OF BALTIMORE

44

C96796

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 W. 33rd St.; 13th WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Kilmurray

(Residence in Baltimore: No. 514 W. 33rd St.; 6 yrs., 7 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, August (Month) 21st (Day), 1830 (Year)

7-AGE, 85 yrs. 11 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Kings Co., Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Kings Co., Ireland

12-MAIDEN NAME OF MOTHER Ellen Burns

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. O'Connor

(Address) 514 W. 33rd St.

15- JUL 24 1916

Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to July 22 1916, that I saw ~~him~~ her alive on July 22 1916, and that death occurred, on the date stated above, at 2.40 P.M.

The CAUSE OF DEATH* was as follows:

Multiple Cancers of Face and Neck.

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert Shelley M. D.

July 23 191.6 (Address) 3 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, July 25, 191.6

20-UNDERTAKER H. M. Caulk

ADDRESS 1624 W. Fayet. Ave.

C96797

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96797

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 931 Peach Al ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME William E. Young

(Residence in Baltimore: No. 931 Peach Al St.: 1 yrs., 2 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Mar 3, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Young C

11-BIRTHPLACE OF FATHER (State or Country) Leonard Co Md

12-MAIDEN NAME OF MOTHER Dora Slater C

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dora Young (Mother)

(Address) 931 Peach Al

15- JUL 24 1916 Filed....., 191.... HARRY C. AI... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

a.....

b.....

c Broncho Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

July 22, 191 6 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ct

DATE OF BURIAL, July 24, 1916

20-UNDERTAKER L. A. Brown & Son

ADDRESS 108 W. Monty St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96798

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96798 C96798

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Wick

(Residence in Baltimore: No. 2441 Eager Place St.; ....yrs.,....mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 10 (Day), 1916 (Year)

7-AGE, ...yrs....mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Wick

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Augusta Norton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hardy

(Address) Johns Hopkins Hospital

15-

Filed AUG 24 1916, 191.....

HARRY C. ANDREWS
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1916 to July 23 1916, that I saw him alive on July 23 1916, and that death occurred, on the date stated above, at 10.20 a m.

The CAUSE OF DEATH* was as follows:

Prematurity

.....

.....

..... (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration)....yrs....mos....ds.

(Signed) Gilbert L. Rosenthal M. D.

July 23, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2441 Eager Place

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, July 24, 1916

20-UNDERTAKER Frank Brackbon

ADDRESS 1904 Eastlang

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96799

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96799

CERTIFICATE OF DEATH.

132

1-PLACE OF DEATH Maryland Gen. Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. Madison & Linden ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Liana Jobra

(Residence in Baltimore: No. 2020 Mace St.; 36 yrs. 7 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Dec 1 (Month) (Day) 1879 (Year)

7-AGE, 36 yrs. 7 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House work
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE, (State or Country), Balto., Md

PARENTS.

10-NAME OF FATHER, Nebuchadnezzar [redacted]

11-BIRTHPLACE OF FATHER (State or Country), Kent Island

12-MAIDEN NAME OF MOTHER Sarah Jane White

13-BIRTHPLACE OF MOTHER (State or Country), Kent Island

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roderick Brown

(Address) 105 Gleam Street

15- Filed JUL 24 1916 191 MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1916, to July 23 1916, that I saw h[illegible] alive on July 22 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Salpingitis

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. 1 mos. 10 ds.

(Signed) Maurice Lapides M. D.

July 23, 1916 (Address) 2161 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 10 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2020 Mace St

19-PLACE OF BURIAL OR REMOVAL, Stevensville Md DATE OF BURIAL JUL 24 1916 191

20-UNDERTAKER Edward Parker ADDRESS 115 Elliott St

C96800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

C96800

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John P. Schrenker

(Residence in Baltimore: No. 40 N. Bentalou St. St.: 45 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, July (Month) 8 (Day), 1860 (Year)

7-AGE, 56 yrs. 0 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): United Railways

PARENTS.

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, John Schrenker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Amelia Schrenker

(Address) 40 N. Bentalou St

15- JUL 24 1916 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an will hold Inquest July 24-1916 (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract skull. Fract. sternum. Internal injuries. Struck by automobile (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) None (Duration).....yrs.....mos.....ds.

(Signed) W. T. Riley (Coroner) M. D.

July 23 1916 (Address) 1657 Bruce

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 hr ds. In the State 45 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 40 N. Bentalou St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, July 25 1916

20-UNDERTAKER Henry Hosch & Son

ADDRESS 1301 E. Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96801 × 28 C96801

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate King

(Residence in Baltimore: No. Johns Hopkins Hospital St.; — yrs., 8 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ? (Month) ? (Day) 1881. (Year)

7-AGE, 35 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hardy

(Address) 1140 E. Oliver St.

15- Filed JUL 24 1916 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1915, to July 23 1916, that I saw her alive on July 23 1916, and that death occurred, on the date stated above, at 4.40 a.m.

The CAUSE OF DEATH* was as follows:

Multiple Liver Abscess

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis and Anemia (Duration) 2 yrs. mos. ds.

(Signed) R. P. Batchelor M. D.

July 23 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. 8 mos. 9 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 15 W E St Sparrows Point.

19-PLACE OF BURIAL OR REMOVAL, Morgantown W. Va. DATE OF BURIAL, July 24., 1916

20-UNDERTAKER Wm J. Schaffer & Son ADDRESS S. E. Front St

Spec.—8-24-14—M. & T.—2000 Bks.

C96802 HEALTH DEPARTMENT—CITY OF BALTIMORE C96802

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1418 Eutaw Pl. (Dr. Kelly's Sanatorium) St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Nellie E Clair

(Residence in Baltimore: No. Homewood Apts. 3127 Chas St. St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, April (Month) 26 (Day), 1862 (Year)

7-AGE, 54 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Strobel

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Eleonora Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY ~~KNOWLEDGE~~

(Informant) Dr E R Strobel

(Address) 101 Longwood Road

15- Filed JUL 24 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1916, to July 22 1916, that I saw her alive on July 22 1916, and that death occurred, on the date stated above, at 8.07 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach
(No operation or autopsy)

(Duration) yrs. 3 mos. + ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert W Lewis M. D.

July 22, 1916 (Address) 141 E Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 3 mos. ds. In the State always yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Homewood Apt, City.

PLACE OF BURIAL OR REMOVAL Greenmount DATE OF BURIAL July 24 1916

20-UNDERTAKER E W Mitchell & Co ADDRESS 120 W Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96803 C96803 43

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 East Chase Street ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Elizabeth Young Thomson

(Residence in Baltimore: No. 16 East Chase Street St.; Over 70 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, ~~Female~~

4-COLOR OR RACE, White American

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (~~Write the word.~~) Single

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, Over 70 yrs. ..... mos. ..... dys.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Stothert Jay Thomson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca Ridgely

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard S. Thomson

(Address) 1109 St Paul St Baltimore Md

15- JUL 24 1916 HARRY C. ANDREWS

Filed ....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23rd, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31st 1916, to July 23rd 1916, that I saw her alive on July 22nd 1916, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma,
Pneumonia Lobaris in
right breast 6 years

(Duration) ... yrs. 6 mos. 23 ds.

CONTRIBUTORY (Secondary) Intoxication of Age

(Duration) ... yrs. 5 mos. 23 ds.

(Signed) Nathan R. Gorter M. D.

July 24, 1916. (Address) 1 W Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, July 25th 1916.

20-UNDERTAKER Hargetstown Son & Co

ADDRESS 1 W Saratoga St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96804 104 C96804

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N. Milton Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Mabel Pritchett

(Residence in Baltimore: No. 227 N. Milton Ave St.; ..... yrs. 8 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, October 27, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER. Warren Pritchett

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mabel Gaines

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Warren Pritchett

(Address) 227 N. Milton Ave

15- Filed JUL 24 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 191..., to July 23 191...,

that I saw h... alive on ..... 191...,

and that death occurred, on the date stated above, at 8:00 a.m.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetary

DATE OF BURIAL, July 25, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

C96805

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96805

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 100 N. Frnt St ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Rossel

(Residence in Baltimore: No. 100 N. Frnt St. Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct (Month) 27 (Day), 1870 (Year)

7-AGE, 45 yrs. 8 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Nailer
(b) General nature of industry, business, or establishment in which employed (or employer) at Flood Pat

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Louis Rossel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Rossel

(Address) 114 N. Frederick

15- Filed JUL 24 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac failure

Cardiac dilatation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Sudden

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. T. Riley (Coroner.) M. D.

July 25, 191 6 (Address) 1657 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, July 25 1916

20-UNDERTAKER J Herring & Co

ADDRESS 2008 Adam

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96806

Spec.—8-24-14—M. & T.—2000 Bks.

C96806 HEALTH DEPARTMENT—CITY OF BALTIMORE C96806

CERTIFICATE OF DEATH.

1 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes Dunbar

(Residence in Baltimore: No. 1508 E. Federal St.; 27 yrs., 11 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 11, 1888
(Month) (Day) (Year)

7-AGE, 27 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Benjamin Dunbar

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Booth

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Dunbar

(Address) 1508 Federal St

15- Filed JUL 24 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1916, to July 24 1916, that I saw her alive on July 24 1916, and that death occurred, on the date stated above, at 8.25 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Hemorrhage - Perforation

(Duration) yrs. mos. 5 ds.

(Signed) Grace E. Magee M. D.

7/24/, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State 27 yrs. 11 mos. 13 ds.

Where was disease contracted, if not at place of death? Rehoboth Beach

Former or usual residence 1508 Federal St.

19-PLACE OF BURIAL OR REMOVAL Greenmt Cemetery DATE OF BURIAL, July 26th, 1916.

20-UNDERTAKER Frederick Sasscher & Co ADDRESS Fullerton Md

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96807 C96807

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Harvey

(Residence in Baltimore: No. 2830 Elliott St.; ....yrs., 8 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 23 (Day), 1916 (Year)

7-AGE, ...yrs. 3 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Geo Harvey

11-BIRTHPLACE OF FATHER (State or Country), Harrisburg Pa

12-MAIDEN NAME OF MOTHER Anna Behner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Behner

(Address) 2830 Elliott St.

15- Filed JUL 24 1916, 191.

HARRY [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 21, 1916, to July 23 1916, that I saw h~~im~~ alive on July 23 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

.....(Duration)....yrs. 2 mos.....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

.....(Duration)....yrs.....mos. 1 ds.

(Signed).....M. D.

July 23, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 3 yrs. 3 mos. ....ds.

Where was disease contracted, if not at place of death? 2830 Elliott St

Former or usual residence 2830 Elliott St

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, July 25, 1916

20-UNDERTAKER Stephen J Stalkowski ADDRESS 1019 S Kenwood ave

Spec.—5-19-13—M. & T.—500 Bks.

C96808 HEALTH DEPARTMENT—CITY OF BALTIMORE C96808

104

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 N Lombard St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Catherine Conway

(Residence in Baltimore: No. 1102 N. Lombard St. St.; — yrs., 9 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.): Single

6-DATE OF BIRTH: October 1, 1915 (Month) (Day) (Year)

7-AGE: — yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS:

10-NAME OF FATHER: Walter M. Conway

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Catherine McLaughlin

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Walter M. Conway

(Address) 1107 W. Lombard St.

15-

Filed JUL 24 1916 191.....

HARRY [illegible]
Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1916, to July 23 1916, that I saw h— alive on July 23 1916 and that death occurred, on the date stated above, at 6:45 m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(Duration) 7 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Intoxication

(Duration) yrs. mos. 2 ds.

(Signed) E. O. Chamberlain M. D.

7/23, 1916. (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem.

DATE OF BURIAL, July 25, 1916.

20-UNDERTAKER Jos B Cook

ADDRESS 1003 W. Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96809 C96809

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Mettee

(Residence in Baltimore: No. 830 W 31st St ST.; 44 yrs., 9 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 11, 1871 (Month) (Day) (Year)

7-AGE, 44 yrs. 9 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Joseph Mettee

11-BIRTHPLACE OF FATHER (State or Country), ~~Md~~ Md

12-MAIDEN NAME OF MOTHER Catherine Donnelly

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Mettee

(Address) 830 W 35 St

15- Filed JUL 24 1916, 191... HARRY C ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23 1916, to July 23 1916, that I saw h[illegible] alive on July 23 1916, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) Don't Know yrs. mos. ds.

(Signed) Irvin E Mayer M. D.

7/23/ 191 6 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 44 yrs. 9 mos. 10 ds.

Where was disease contracted if not at place of death? 830 W 31st St

Former or usual residence 830 W 31st St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cathedral Cem DATE OF BURIAL, July 25 1916.

20-UNDERTAKER Wm Cook ADDRESS 502 North

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96810 C96810

CERTIFICATE OF DEATH.

157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Hull ST.: 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Freter

(Residence in Baltimore: No. 1124 Hull St.; ... yrs., ... mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, 7 (Month) – 23 (Day), 1916 (Year)

7-AGE, ... yrs. ... mos. ... ds.

If LESS than 1 day, 14 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ernest Freter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louise Daught

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H Brook, Md

(Address) 1570 Fort

15-

Filed JUL 24 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) – 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7 – 23 1916, to 7 – 24 1916, that I saw her alive on 7 – 23 1916 and that death occurred, on the date stated above, at 5.45 P.M.

The CAUSE OF DEATH* was as follows:

Premature birth (7-8 mos)

... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Prolonged delivery

... (Duration) 0 yrs. ... mos. ... ds.

(Signed) H Brook M. D.

7-24 1916 (Address) 1570 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem

DATE OF BURIAL, July 24 1916

20-UNDERTAKER Jas J Fahey & Sons

ADDRESS 218 Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

C96811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C96811

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Albemarle ST.; 3rd WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Cavaliere

(Residence in Baltimore: No. 215 Albemarle St.; yrs. 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, June 10, 1916 (Month) (Day) (Year)

7-AGE, yrs. 1 mos. 13 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Raffaele Cavaliere

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rachael Pierri

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raffaele Cavaliere

(Address) 215 Albemarle St.

15- JUL 24 1916 Filed....., 191.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 191 0, to July 23 191 6, that I saw her alive on July 23 191 6, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Intussusception

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) unknown

(Duration) yrs. mos. ds.

(Signed) A. L. Abramson M. D.

July 24, 191 6 (Address) 316 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents

DATE OF BURIAL, July 24, 1916

20-UNDERTAKER Harold Kupp & Son

ADDRESS 330 S Bond St

C96812

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96812

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

C96812

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No.) 609 N. Castle ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Frnk Sr.

(Residence in Baltimore: No. 609 N. Castle St.: 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec. 31 st, 1831 (Month) (Day) (Year)

7-AGE: 84 yrs. 7 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Ludwig Frnk

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Given

13-BIRTHPLACE OF MOTHER (State or country): Not Given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Frnk Jr
(Address) 609 N Castle St

15 Filed JUL 24 1916, 19[illegible]

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 22 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1914, to July 22 1916, that I saw h[illegible] alive on July 21, 1916, and that death occurred, on the date stated above, at 12:30 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Wm Gaddes M. D.

7/22/16, 191 (Address) 32 E 25

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: July 25, 1916

20-UNDERTAKER: Geo M. Frank & Co ADDRESS 811 N Wolfe

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96813

CERTIFICATE OF DEATH.

10 4 C96813

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1366 N Calhoun ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Vaughan Jr

(Residence in Baltimore: No. 1366 N Calhoun St. St.; ..... yrs., 5 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 16 (Day), 1916 (Year)

7-AGE, ... yrs. 5 mos. 8 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert Vaughan

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER, Fannie Vaughn

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Vaughan

(Address) 1419 Mosher St

15- JUL 24 1916 ROBERT . KRAUTHOFF, Registrar.

Filed ....., 191.. Permit No. .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1916, to July 24 1916, that I saw him alive on July 24 1916, and that death occurred, on the date stated above, at 8.45 A m.

The CAUSE OF DEATH* was as follows:

Summer Diarrhoea

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Diarrhoea Infantum

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) W. G. Campbell M. D.

July 24, 1916. (Address) 1360 N Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, N. Calvary

DATE OF BURIAL, July 25 1916

20-UNDERTAKER Jno. H. Bauer

ADDRESS 450 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

696814

CERTIFICATE OF DEATH.

64 696814

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Saul Mack

(Residence in Baltimore: No. 1228 Hollins St ST.; 20 yrs., 4 mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month), (Day), 1869 (Year)

7-AGE, 46 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Nathan Novack

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Mack

(Address) 1228 Hollins st

15- Filed JUL 24 1916 ROBERT J. KRAUTH Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1916, to July 23 1916, that I saw h[illegible] alive on July 23 1916, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ... yrs. ... mos. 2 ds.

(Signed) M. B. Levin M. D.

7/x.4, 191.6 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? at 1228 Hollins St

Former or usual residence 1228 Hollins

19-PLACE OF BURIAL, OR REMOVAL, Mount Rozedale Cem. | DATE OF BURIAL, July 25 191.6

20-UNDERTAKER A. Simon & Bro. | ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

696815

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~96815~~ 105 C 96815

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 Parkin ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick C. Huseman

(Residence in Baltimore: No. 32 Parkin St.; 75 yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, July 28th (Month) (Day), 1841 (Year)

7-AGE, 75 yrs. mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Store Keeper

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Huseman

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Huseman

(Address) 32 Park Ave

15-Filed JUL 24 1916 191.. Permit Granted KRAUP... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23rd (Day); 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to July 23 1916, that I saw h.. alive on July 23rd 1916, and that death occurred, on the date stated above, at 11-50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Epistaxis

(Duration) yrs. mos. 10 ds.

(Signed) J. Homer Fletcher M. D.

July 24 191.6 (Address) 1627 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, July 26th, 191.6.

20-UNDERTAKER John Howard Sons ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96816 C96816

CERTIFICATE OF DEATH.

REGISTERED NO. C 40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Garrison & Windsor Aves. WARD) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Lasko

(Residence in Baltimore: No. Garrison & Windsor Aves. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, ... (Month) Mar (Day) 2d, (Year) 1849

7-AGE: ..... yrs. 67 mos. 3 ds. 28 | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Steudel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Faidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Adam Suter

(Address) Garrison & Windsor Aves

15- JUL 24 1916 ROBERT P. KRAUTH [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) July (Day) 22, (Year) 1916.

17- I HEREBY CERTIFY, That I attended deceased from July-10 1916, to July-22- 1916, that I saw h[illegible] alive on July-22 1916, and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma with obstruction and peritonitis

(Duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary) Peritonitis, with collapse

(Duration) ..... yrs. — mos. 3 ds.

(Signed) Wesley Cole M. D.

July 23, 1916 (Address) 520 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: July Cedarcroft Cem. | DATE OF BURIAL, July 25 191 6

20-UNDERTAKER: Chas. E. Kerns & Son | ADDRESS 1180 W. Royal Ave

C96817

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96817

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 514 S Duncan St ST.: 1 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Mc Donough.

(Residence in Baltimore: No. 514 S Duncan St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. July 24, 1916
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 1 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, August Mc Donough

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Agnes Webb

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Webb

(Address) 514 Duncan ST.

15- JUL 24 1916 ROBERT J. KRAUTER
Filed ....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular
bilateral (Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
7 months (Duration).....yrs.....mos.....ds.

(Signed) Edwin Lyon Simpson M. D.
(Coroner.)
July 24, 1916 (Address) 761 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus — DATE OF BURIAL, July 25, 1916.

20-UNDERTAKER M. J. Sadowski. — ADDRESS 405 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

C96818 C96818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Wittick

(Residence in Baltimore: No. 915 Rose St. St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 9 (Month) (Day) 1862 (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Enoch

(Address) 1906 Eutaw Place

15- JUL 24 1916 ROBERT KRAUSE

Filed ..., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1916, to July 24 1916, that I saw h~~im~~ alive on July 24 1916, and that death occurred, on the date stated above, at 4.20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ileum and Ileo-caecal Valve (Autopsy)

(Duration) 2 yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Partial Intestinal Obstruction (Duration) ~~— yrs.~~ — mos. 21 ds.

(Signed) M B Lewis M. D.

7/24, 191.6 (Address) Hebrew Hosp

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State 16 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 915 Rose St.

19-PLACE OF BURIAL OR REMOVAL, Oak Hill

DATE OF BURIAL, July 25 1916

20-UNDERTAKER Frank Enoch Son

ADDRESS 1906 Eutaw Pl

C96819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C96819

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 915 Sarah Ann St.: 18 WARD) 79 REGISTERED No. C

2-FULL NAME Washington Wilson

(Residence in Baltimore: No. 915 Sarah Ann St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Widower

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 77 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Wilson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Bryan

(Address) 915 Sarah Ann

15- Filed JUL 24 1916, 191.. ROBERT . KRAUT[illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart trouble

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert N. Driscoll M. D.
(Coroner.)

July 24, 1916. (Address) 912 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, July 24 1916

20-UNDERTAKER Charles B. Jones ADDRESS 2358 Pine

C96320 C96820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. House Good Shepherd pr. Col'd ST.; 20th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Simpson

(Residence in Baltimore: No. Cor Calverton Rd & Franklin St.) 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Dec. (Month) 30 (Day), 1897 (Year)

7-AGE, 18 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer) Sisters

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Albert Simpson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Virginia Jones

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother Agnes

(Address) House Good Shepherd

15- JUL 24 1916 191 ROBERT , KRAUTER, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Inflamatory Rheumatism

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease (Duration) yrs. mos. 1 ds.

(Signed) James H. Fenton (Coroner) M. D.

July 22 1916 (Address) 700 E. Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. mos. ds. State House Good Shepherd 18 yrs. mos. ds.

Where was disease contracted, if not at place of death? House Good Shepherd Colored

Former or usual residence Kaberg St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, July 25. 1916

20-UNDERTAKER Charles P. Jones

ADDRESS 935 E Pines St

Spec.—8-24-14—M. & T.—2000 Bks.

C96821 HEALTH DEPARTMENT—CITY OF BALTIMORE C96821

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Bonn alley ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Driver

(Residence in Baltimore: No. 812 Bonn alley St.: yrs. 7 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, December 25 1915
(Month) (Day) (Year)

7-AGE, ——— yrs. 7 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Wm E. Driver

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Carrie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilbourn Driver

(Address) 812 Bonn alley

15- ROBERT J. KRAUT
Burial Permit Clerk

Filed..... 191.....
JUL 24 1916
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1916, to July 23 1916, that I saw him alive on July 23 1916, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) about 1 mos. ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) yrs. 1 mos. ds.

(Signed) H. M. King M. D.

....., 191... (Address) 906 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem'y — DATE OF BURIAL, July 25 1916

20-UNDERTAKER Charles B. Jones — ADDRESS 234 N Pine

C96822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+185

C96822

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Musselwhite.

(Residence in Baltimore: No. North Carolina St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single.

6-DATE OF BIRTH, Unknown (Month), 1 (Day) ..... (Year)

7-AGE, 37 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) University Hospital Records
(Address) .....

15-JUL 24 1916 Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock following a fracture of both legs, and four ribs, coming from causes unknown.
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert L. Driscoll M. D. (Coroner)
July 24, 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place University Hospital In the of death ..... yrs. ..... mos. 3 ds. State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hopewell N. C. DATE OF BURIAL, July 24, 1916

20-UNDERTAKER W. M. J. Tuffnell Sons ADDRESS Penn Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

696823 696823

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvia Bernard

(Residence in Baltimore: No. 27 E. Church St. St.; 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Dec. 1 (Month) (Day) 1889 (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Armstead Bowen

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Rosetta Swann

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Bernard

(Address) 27 E. Church St

15-

Filed JUL 25 1916 HARRY C. ANDREWS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13 1916, to July 24 1916, that I saw h alive on July 4 1916, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

Insufficiency (Duration) yrs. mos. 45 ds.

(Signed) Frank C. Marino M. D.

July 24, 1916. (Address) Emergency Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 27 E Church St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, July 27, 1916

20-UNDERTAKER J L Brown & Son ADDRESS 1088 W. Monty St

Spec.—8-24-14—M. & T.—2000 Bks.

696824 HEALTH DEPARTMENT—CITY OF BALTIMORE 696824

CERTIFICATE OF DEATH. 151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 S Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G Krusse.

(Residence in Baltimore: No. 505 S Robinson St. 72 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Dec 9th, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 14 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Wm Krusse.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Lillian Vogel

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Krusse

(Address) 505 S Robinson

15-

Filed JUL 25 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to July 23rd 1916, that I saw h[illegible] alive on July 23 1916, and that death occurred, on the date stated above, at 5 10 a m.

The CAUSE OF DEATH* was as follows:

Marasmus and Bronchial Pneumonia

(Duration) 3 weeks

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 1 da.

(Signed) [illegible] M. D.

July 23, 1916 (Address) 4355 Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Oak Lawn

DATE OF BURIAL, July 24th, 1916

20-UNDERTAKER John A Moran

ADDRESS Bank Street

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96825

HEALTH DEPARTMENT—CITY OF BALTIMORE

81 C96825

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 W. Lexington St.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Dorsey Belt

(Residence in Baltimore: No. 1216 W. Lexington St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1840 (Year)

7-AGE, 76 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Otho R. Belt

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Adaline R. Moore

13-BIRTHPLACE OF MOTHER (State or Country), ~~Md.~~ Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriett J. Belt

(Address) 1216 W. Lexington St.

15-

Filed JUL 25 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1916, to July 25 1916, that I saw h[illegible] alive on July 24 1916, and that death occurred, on the date stated above, at 6.50 a.m.

The CAUSE OF DEATH* was as follows:

Asthma Cardiac

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) yrs. mos. ds.

(Signed) Clarke Gee M. D.

July 25, 1916. (Address) 111 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, 7/27, 1916

UNDERTAKER Chas. T. Ware & Son ADDRESS 1180 W. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96826 104 C96826

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2526 Fait ave — St.; 1 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ritter

(Residence in Baltimore: No. 2526 Fait ave St.; ...yrs.,...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widd

6-DATE OF BIRTH, Jan (Month) 24 (Day), 1916 (Year)

7-AGE, ...yrs. 6 mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wheel

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Ritter

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Elizabeth Schaub

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Ritter

(Address) 2526 Fait ave

15- Filed JUL 25 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from July 21, 1916, to July 23 1916, that I saw ~~him~~ alive on July 23 1916, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

.....

.....

(a) Gastro Enteritis

..... (Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Chas L Mees M. D.

7/23/16, 191... (Address) 408 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, July 24, 191...

20-UNDERTAKER Wm Cook — ADDRESS 5535 Belair Rd

Howell & Hall

96827

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96827

Howell G Hall

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96827

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2115 E. Preston St.: 8 WARD) REGISTERED No. C 180

2-FULL NAME Howell G Hall,

(Residence in Baltimore: No. 2115 E Preston St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, January 21, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Orderly
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John A Hall,

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Hall

(Address) 2115 E Preston

15- Filed JUL 25 1916 191.... HARRY C. AMBERT'S Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an January (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said January (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A K Quilling M. D.
(Coroner.)

July 25 1916 (Address) 2935 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, July 26 1916

20-UNDERTAKER Graham F. Walker — ADDRESS 523 N Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96828 **CERTIFICATE OF DEATH.** 164 C96828

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Elizabeth Home ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Hauer Zihn

(Residence in Baltimore: No. St Elizabeth Home St.; ..... yrs., 7 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	negro	Single

6-DATE OF BIRTH, November 25, 1915.
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, —

11-BIRTHPLACE OF FATHER (State or Country), —

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- JUL 25 1916 HARRY C. ANDREWS
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1916, to July 27 1916, that I saw him alive on July 27 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

1. Intestinal Decrepitude

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos E Woodward M. D.

7/27, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 7 mos. ..... ds. In the State ..... yrs. 7 mos. ..... ds.

Where was disease contracted, if not at place of death? St Elizabeth H

Former or usual residence Maine

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	JUL 24 1916
Burial Permit Issued by Commissioner Health.	....., 191...
20-UNDERTAKER	ADDRESS
E. J. WOODALL	

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96829 — C96829

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

REGISTERED No. .....

CITY OF BALTIMORE: (No. 1366 N Calhoun ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eloise L Butler

(Residence in Baltimore: No. 1366 N Calhoun St.; Life yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Nov. (Month) 3 (Day), 1915 (Year)

7-AGE, ... yrs. 8 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Raymond Butler

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie Lowry

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma L. Hall

(Address) 1366 N Calhoun St

Filed JUL 25 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 23rd 1916, to July 24 1916, that I saw h[illegible] alive on July 23rd 1916, and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows:

Summer Diarrhoea

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

July 24, 191.. (Address) 1369 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mt Pisgah

DATE OF BURIAL, JUL 25 1916, 191...

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESSTMAN ST.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96830 28 C96830

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Presstman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Boyd

(Residence in Baltimore: No. 1616 Presstman St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 15, 1903 (Month) (Day) (Year)

7-AGE, 13 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas Boyd

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Boyd

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Boyd

(Address) 1616 Presstman

15- JUL 25 1916 Filed..... 191... Registrar.

HARRY C. ARDEN'S Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7/22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/1 1916, to 7/22 1916, that I saw h-- alive on 7/22 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ex Consumption

(Duration) yrs. 5 mos. ds.

(Signed) [illegible] M. D.

7-22-, 1916. (Address) 213 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mt Auburn DATE OF BURIAL JUL 25 1916

20-UNDERTAKER JAMES H. DENNIS. ADDRESS 303 PRESSMAN ST.

C96831

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

100 C96831

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 523 W. Lanvale ST. W't WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Park Anne Celine

(Residence in Baltimore: No. 523 W Lanvale St. 35 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month) ..... (Day), 1881 (Year)

7 AGE: 45 years yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): Carrol co Md

PARENTS

10 NAME OF FATHER: Allen Nugent

11 BIRTHPLACE OF FATHER (State or country): Harrisburg Pa

12 MAIDEN NAME OF MOTHER: Nancy Rhudelston

13 BIRTHPLACE OF MOTHER (State or country): Carrol co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Horatio Collins

(Address) 523 Lanvale st.

15 Filed JUL 25 1916, 191 — HARRY C. ARCHER, Ballot Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6th, 1916, to July 23 1916, that I saw h[er] alive on July 23, 1916, and that death occurred, on the date stated above, at 2.30 p m.

The CAUSE OF DEATH* was as follows:

Endocarditis Acute

(Duration) ..... yrs. 1 mos. ..... ds.

Contributory (SECONDARY) Septic Tonsilitis Abscess

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Wm B McDonald M. D.

7-24, 191[6] (Address) 309 Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Sykesville md | DATE OF BURIAL: July 26 1916

20 UNDERTAKER: James H. Dennis | ADDRESS: 1303 Preston

is very important. See instructions on back of certificate.

C96832

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96832

CERTIFICATE OF DEATH.

169

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Patapsco Ave St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mawrocki

(Residence in Baltimore: No. 604 Patapsco Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Not Known, 1 .....
(Month) (Day) (Year)

7-AGE, 28 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Frankowski

(Address) 1618 Eastern Ave

15-

Filed JUL 25 1916 191.....

HARRY P. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Investigation
(Inquest, autopsy or inquiry.)
find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) D. Leary Jr. M. D.
(Coroner.)

July 27, 1916 (Address) 16 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	July 25 1916
20-UNDERTAKER, William Frankowski	ADDRESS 1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96833 C96833

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S. Bond. ST.; 3 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Tyszaska

(Residence in Baltimore: No. 310 S Bond. St.; 16 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec. (Month) Not Known (Day) 1876 (Year)

7-AGE, 39 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) R R.

9-BIRTHPLACE, (State or Country), Russian Poland.

PARENTS.

10-NAME OF FATHER, Mateusz Tyszaska

11-BIRTHPLACE OF FATHER (State or Country). Russian Polonia

12-MAIDEN NAME OF MOTHER Mary Mleczkowska

13-BIRTHPLACE OF MOTHER (State or Country). Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Tyszaska

(Address) 310 S. Bond St.

15- JUL 25 1916 Filed, 191 HARRY T. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23d (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to July 23d 1916, that I saw h[illegible] alive on July 18 1916, and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute + Mitral Regurgitation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis (Acute)

(Duration) yrs. 21 mos. ds.

(Signed) A. T. Ries M. D.

July 28, 1916. (Address) 24 & Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, July, 1916

20-UNDERTAKER William Tyszkowski ADDRESS 1108 Eastern

Spec.—8-24-14—M. & T.—2000 Ilks.

b C96834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 C96834

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Miller

(Residence in Baltimore: No. 1440 Boyle St. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 17 (Day), 1872 (Year)

7-AGE, 44 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Stationary)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Gilbert Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER ~~Unknown~~

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Hardy

(Address) Johns Hopkins Hospital

15- Filed JUL 25 1916, 191.... HARRY C. ANDREWS Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23 1916, to July 24 1916, that I saw him alive on July 24 1916, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY ——— (Secondary)

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Paul H. Clough M. D.

July 24, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1440 Boyle St.

19-PLACE OF BURIAL OR REMOVAL Holy Cross DATE OF BURIAL, July 26 1916.

20-UNDERTAKER Jos. F. Bailey Sons ADDRESS 1318 Eighth St

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96835

CERTIFICATE OF DEATH

10

C96835

REGISTERED No. C .....

1-PLACE OF DEATH

Buckler's Sell Man Sanatorium

CITY OF BALTIMORE (No. 2724 N Charles St. ST. 11 (Ward) (Way 5)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Thomas Frederick Mayer

(Residence in Baltimore: No. Fairfax Apts 804 N Calvert St. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov 23 (Month) (Day), 1864 (Year)

7-AGE: 51 yrs. 8 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
Transfer.

9-BIRTHPLACE (State or country): Lewisburg Md

PARENTS

10-NAME OF FATHER: Mr Charles E. Mayer.

11-BIRTHPLACE OF FATHER (State or country): Frederick Md

12-MAIDEN NAME OF MOTHER: Elizabeth Virginia Byer

13-BIRTHPLACE OF MOTHER (State or country): Lewisburg Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) May Mayer

(Address) 1819 St Paul St.

15. Filed JUL 25 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 24 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1915 to July 24 1916

that I saw h[illegible] alive on July 24, 1916,

and that death occurred on the date stated above, at 9[illegible] m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of heart

Bronchitis La Grippe.

(Duration) ..... yrs. 8 mos. 11 ds.

Contributory (SECONDARY) Bronchitis La Grippe

(Duration) ..... yrs. 8 mos. 11 ds.

(Signed) H. H. Biedler M. D.

July 24, 1916 (Address) 1197 N Saratoga St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. 7 mos. 13 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Fairfax Apts.

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: July 26, 191

20-UNDERTAKER: Chas. F. Coates & Son

ADDRESS: 118 N. Mt. Royal

IS VERY IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION

C96836

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

19

C96836

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1213 Light St. WARD) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick H. Abrisch Jr.

(Residence in Baltimore: No. 16 E. Fort Ave. St.; 8 yrs. 3 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March (Month) 29 (Day) 1908 (Year)

7-AGE: 8 yrs. 3 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: School-boy.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Mr. August L. Abrisch

11-BIRTHPLACE OF FATHER (State or country): Middlesex Co. Va

12-MAIDEN NAME OF MOTHER: Miss Emma H. Sheck

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Abrisch

(Address) 16 E. Fort Ave

15- Filed JUL 25 1916 19..

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/13, 1916, to, 7/24 1916, that I saw h[illegible] alive on 7/23 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Septicemia following Operation for Mastoiditis

(Duration) yrs ½ mos. ds.

Contributory (SECONDARY) Mumps

(Duration) yrs mos. 10 ds.

(Signed), D. T. Henderson M. D.

7/24, 1916 [Address] S. Balto. Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 12 ds. in the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? 16 E Fort Ave,

Former or usual residence " " " "

19-PLACE OF BURIAL OR REMOVAL: Loudon Pk Cem

DATE OF BURIAL: 7/26, 1916

20-UNDERTAKER: J. Fenwick Mc Cully

ADDRESS: 39 E. Fort. av

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C96837

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96837

CERTIFICATE OF DEATH.

80

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 E North Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary N. Church.

(Residence in Baltimore: No. 1902 E North Ave St.; 37 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Dec. 3 (Month) (Day) 1841 (Year)

7-AGE, 74 yrs. 7 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maine

PARENTS.

10-NAME OF FATHER, William Merrill

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER Sarah Tilton

13-BIRTHPLACE OF MOTHER (State or Country), Maine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. M. Whiting

(Address) 1902 E North Ave

15-JUL 25 1916 HARRY C. [illegible] Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24th (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191...., to July 24th 1916, that I saw h.. alive on July 24th 1916, and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with angina pectoris, Myocarditis.

(Duration) 4 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) — yrs. — mos. 3 ds.

(Signed) Louis P. Hamburger Sr. M. D.

July 25, 1916 (Address) 1207 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, July 26, 1916

20-UNDERTAKER Henry Hosch Son

ADDRESS 1301 E Eager St

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C96838

CERTIFICATE OF DEATH.

64 C96838

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 918 Druid Hill Ave. St. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Wales.

(Residence in Baltimore: No. 918 Druid Hill Ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Blk	Married

6-DATE OF BIRTH, July (Month) 5 (Day), 1875 (Year)

7-AGE, 41 yrs. mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Bowling

(Address) 918 Druid Hill Ave

15-
Filed JUL 25 1916, 191
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Duration

CONTRIBUTORY (Secondary) Hardening Arteries

(Duration) yrs. mos. ds.

(Signed) J. Whitridge Williams

(Coroner.) M. D.

July 25, 1916 (Address) 849 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? None

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.

FOR ANATOMICAL PURPOSES.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

B C96839 HEALTH DEPARTMENT—CITY OF BALTIMORE 104 C96839

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1332 Presstmens St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hampton Jackson

(Residence in Baltimore: No. 1332 Presstman St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 24, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Jackson

11-BIRTHPLACE OF FATHER (State or Country), St Mary's Co

12-MAIDEN NAME OF MOTHER Fannie Herbert

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Jackson

(Address) 1332 Presstman St

15- Filed JUL 25 1916 ROBERT F. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11 A.M. 7-24 1916, to 10 P.M. 7-24 1916, that I saw h[illegible] alive on July 24 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac - Endocarditis

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

July 25, 1916. (Address) 510 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Sh Woods — DATE OF BURIAL, July 26 1916

20-UNDERTAKER Conrad Conyhl — ADDRESS 564 Mary

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96840 C96840

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. St. Joseph Hospital St.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Holton

(Residence in Baltimore: No. 1136 Calhoun St.; 23 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH Unknown (Month) (Day), 1874 (Year)

7-AGE, 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), St Marys Co Md

PARENTS.

10-NAME OF FATHER, Thomas Holton

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Mary Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Herbert

(Address) 1361 N Stricker St.

15- Filed JUL 25 1916, 191.. ROBERT , KRAUT[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to July 24 1916, that I saw him alive on July 23rd 1916, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. M. J. Reiger M. D.

July 24, 191.6 (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1136 Calhoun St.

Former or usual residence 1136 Calhoun St.

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, July 27 1916

UNDERTAKER Hammond & Wright

ADDRESS 1364 Mary

Spec.—5-19-13—M. & T.—500 Bks.

C96841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C96841

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 S. Bond ST.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kowalewski

(Residence in Baltimore: No. 603 S. Bond St.: 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... May (Month) ..... 19 (Day), 1876 (Year)

7-AGE, 40 yrs. 4 mos. 4 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Iron Foundry

9-BIRTHPLACE, (State or Country), Poland Germany

PARENTS.

10-NAME OF FATHER, John Kowalewski

11-BIRTHPLACE OF FATHER (State or Country), Poland Germany

12-MAIDEN NAME OF MOTHER Josefa Janowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Franzia Kowalewska

(Address) 603 S. Bond St.

15- Filed JUL 25 1916, 191.... ROBERT . BRADY Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1916, to July 22 1916, that I saw h[illegible] alive on July 22 1916, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Carcinoma Insufficiency

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) ..... M. D.

July 23, 1916. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 26., 1916

20-UNDERTAKER, William Fialkowski

ADDRESS 1618 Eastern ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96842 +20 C96842

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Ellen Brown

(Residence in Baltimore: No. Univ Hosp St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 13 (Day), 1864 (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. H W
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Samuel Starr

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Sarah Disher

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Md. Univ. Hosp

(Address).....

15- JUL 26 1916 ROBERT P. KRAUTER, Assistant Deputy Health Officer

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1916, to July 25 1916, that I saw h er alive on July 25 1916, and that death occurred, on the date stated above, at 1.10 p.m.

The CAUSE OF DEATH* was as follows:

Septic cachexia from Gallstones

Cellulitis of forearm

(Duration) unknown yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) A. Houston Toulson M. D.

July 25, 1916 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State unknown yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Cockeysville, md

19-PLACE OF BURIAL OR REMOVAL, Dulus Church

DATE OF BURIAL, July 27 1916

20-UNDERTAKER W. C. Brooks ADDRESS Sparks Md

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96843

CERTIFICATE OF DEATH.

41 C96843

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Jones

(Residence in Baltimore: No. 423 Mosher st St.; 12 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1886 (Year)

7-AGE, 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maine

PARENTS.

10-NAME OF FATHER, William Brooke

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER E. Birch

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Jones

(Address) 423 Mosher

15-

Filed ....., 191.... [illegible] Registrar.

JUL 25 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/20 1916, to 7/24 1916, that I saw her alive on 7/24 1916, and that death occurred, on the date stated above, at 4:30 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

Cerebral oedema (Duration) 4 yrs. mos. ds.

(Signed) [signature] M. D.

7/24, 1916 (Address) Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 12 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 423 Mosher St.

19-PLACE OF BURIAL OR REMOVAL, Port Tobacco Chas Co. Md. DATE OF BURIAL, July 26 1916

20-UNDERTAKER Sam'l Stevens & Son ADDRESS 5 & 8 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

B 696844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 696844

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 N. Parrish ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Hamilton

(Residence in Baltimore: No. 314 Parrish - St.; ... yrs., 10 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Sept., 24, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), ~~Enclin~~ Not Known

12-MAIDEN NAME OF MOTHER Eudia Hamilton

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gracy Tinch

(Address) 314 Parrish St.

15-

Filed JUL 25 1916 ROBERT . KRAUTH Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1916; 191...
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 16 1916, to July 25 1916, that I saw her alive on July 25, 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Summer Diarrhea

(Duration) ... yrs. ... mos. 11 ... ds.

CONTRIBUTORY (Secondary) Rachitis

(Duration) ... yrs. 2 mos. ... ds.

(Signed) H. H. Montague M. D.

July 25, 1916 (Address) 2032 W. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, July 27, 1916.

20-UNDERTAKER Francis K. Hawley

ADDRESS 5 758 Bell

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96845

CERTIFICATE OF DEATH.

152

C96845

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Druid Hill Av ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unnamed (Baby Brown)

(Residence in Baltimore: No. 1720 Druid Hill Av St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Infant

6-DATE OF BIRTH, July (Month) 23 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Henry Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Adele Satchfield

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Brown

(Address) 1720 Druid Hill Ave

15- Filed JUL 25 1916, 191.....

ROBERT F. KRAUS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1916, to July 23 1916 that I saw him alive on July 23 1916, and that death occurred on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Atelectasis & delayed delivery due to Breech presentation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Insufficient foetal circulation (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw Shorb M. D.

July 24, 191 6 (Address) 1512 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, July 24, 1916

20-UNDERTAKER Samuel H Kemsley

ADDRESS 5789 W. Balto

~~96846~~ HEALTH DEPARTMENT—CITY OF BALTIMORE ~~96846~~

CERTIFICATE OF DEATH. 28

REGISTERED No. C ....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 603. Hubbard. court ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Armstrong

(Residence in Baltimore: No. 603 Hubbard Court St.; yrs. 14 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mard

6-DATE OF BIRTH, Jan 2, 1876 (Month) (Day) (Year)

7-AGE, 40 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John Armstrong

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Tater

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benton Jones

(Address) 603 Hubbard

15- JUL 26 1916 Filed ....., 191... BARRY C. [illegible] Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [illegible] (Coroner.) M. D.

....., 191... (Address) 2 Church St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury cemetery. DATE OF BURIAL, July 26, 1916

20-UNDERTAKER Milton Davis ADDRESS 1605 McElderry St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE [illegible]

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96847 C96847

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Rutter ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillip Norris

(Residence in Baltimore: No. 1412 Rutter St.; 15 yrs., 2 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, laborer

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, May (Month) 20 (Day), 1901 (Year)

7-AGE, 15 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Chop Co.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Phillip Norris

11-BIRTHPLACE OF FATHER (State or Country), Balt. Md

12-MAIDEN NAME OF MOTHER Maria McMurphy

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria Norris

(Address) 1412 Rutter st

15- Filed JUL 26 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8th 1916, to July 24 1916, that I saw h— alive on July 24, 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration) yrs. 5 mos. 20 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. ds.

(Signed) D. P. Huntpott M. D.

July 25 1916 (Address) 254 N. Bond st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT ARRIVALS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. July 27, 1916

20-UNDERTAKER Felix B. Pye.

ADDRESS 112 E Mulberry

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96848 C96848

CERTIFICATE OF DEATH.

109

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 W. Arlington Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ephraim H. Little

(Residence in Baltimore: No. 17 W. Arlington Ave St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb. 7, 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Gettysburg Pa.

PARENTS.

10-NAME OF FATHER, George Little

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Martha C. Hawman

13-BIRTHPLACE OF MOTHER (State or Country), Gettysburg Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Little

(Address) 120 Callender St.

15- JUL 25 1916 HARRY C. ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1916, to July 24 1916, that I saw h[illegible] alive on July 24th 1916, and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Hypostatic)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY. Intestinal Obstruction
(Secondary)
(Incarc.) (Duration) yrs. 3 mos. ds.

(Signed) Joseph T. Herring M. D.

July 24, 1916. (Address) 1621 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Olivet. DATE OF BURIAL, July 25 1916

20-UNDERTAKER Wm. J. Howard & Son ADDRESS 701 Baltimore St

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96849 C96849

105

C96849

HEALTH DEPARTMENT--CITY OF BALTIMORE 05

C96849

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 909 St Barnabas Court St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Beatrice Jones

(Residence in Baltimore: No. 909 St Barnabas Court St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Blk

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown, 1913 (Month) (Day) (Year)

7 AGE: 3 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Washington D. C.

PARENTS

10 NAME OF FATHER: Robert Jones

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Sadie Lawson

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robert Jones
(Address) 909 St Barnabas Court

15 Filed JUL 26 1916, 191 HARRY C. ARDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 25, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1916, to July 25 1916, that I saw her alive on July 24, 1916, and that death occurred, on the date stated above, at 7A m.
The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) under 1 day yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. C. Bryant M. D.
July 26, 1916 (Address) 1003 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: July 26, 191 6

20 UNDERTAKER: Harold Eversley — ADDRESS 916 Pine

IF VERY IMPORTANT. See instructions on back of certificate. PLACE, NUMBER, STREET, AND KIND OF OCCUPATION

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96850

CERTIFICATE OF DEATH.

4 186

REGISTERED No. C 96850

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: WARD)

2-FULL NAME Charles Palleras (Patteras)

(Residence in Baltimore: No. Dont Know St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) ?

6-DATE OF BIRTH, Dont Know (Month) (Day) 1 (Year)

7-AGE, 23 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Steward
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Dont Know from Arkansas

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country). Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Chas Bgley

(Address) 426 Orange St

15- JUL 26 1916 Filed, 191.

HARRY O. ANTTILA Registrar of Vital Statistics

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ether Anesthesia

Given for reducing fractured femur

accidentally received 4 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by a piece of unloading from falling timber while

(Duration) yrs. mos. ds.

(Signed) W. J. Riley (Coroner.) M. D.

July 22, 1916 (Address) 1627 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Dont Remember DATE OF BURIAL, July 26, 1916

20-UNDERTAKER Geo H Hooper ADDRESS 609 Fulton Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE C96851

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96851 C96851

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 W. Franklin ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Edward Biggemann

(Residence in Baltimore: No. 927 W. Franklin St.; 63 yrs., 11 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH July 27, 1852 (Month) (Day) (Year)

7-AGE. 63 yrs. 11 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wagon Painter (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER: Frederick William Biggemann

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Christina Charlotte Büscher

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Biggemann

(Address) 927 W. Franklin St

15- Filed JUL 26 1916, 191.... HARRY C. ANDREWS Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to July 25th 1916, that I saw him alive on July 25th 1916, and that death occurred, on the date stated above, at 2 pm.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) 10 yrs. 9 mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 7 yrs. mos. ds.

(Signed) H. H. King M. D.

July 26, 1916 (Address) 906 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet DATE OF BURIAL, July 27, 1916

20-UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96852 40 C96852

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 22 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Jenkins

(Residence in Baltimore: No. 625 N. Conway St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, November, 1844
(Month) (Day) (Year)

7-AGE, 71 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cooper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm. Jenkins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Cady

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. Benson

(Address) 625 N. Conway St.

15-

Filed JUL 25 1916 191.....

HENRY C. ANDREWS
BURIAL Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1916, to July 23 1916, that I saw h.. alive on July 23 1916, and that death occurred, on the date stated above, at 1.50 p. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

..... (Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry M. Stein M. D.

7/23, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 625 N Conway St.

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, July 26 191.6

20-UNDERTAKER W J Tickner & Son

ADDRESS North Ave

C96853

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C96853

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 644 Rabarg St.; 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Henry Martin

(Residence in Baltimore: No. 644 Rabarg St.; 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct. (Month) 24 (Day), 1915 (Year)

7 AGE: — yrs. 9 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: James C. Martin

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Susie Robinson

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James C. Martin
(Address) 644 Rabarg St.

15 Filed JUL 26 1916, 191 ..... Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 24 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1916, to July 24 1916, that I saw h~~im~~ alive on July 24, 1916, and that death occurred, on the date stated above, at 7.45 p.m.
The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Estelle Hemmig M. D.
7-25, 191 6 (Address) 2000 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 7/26, 191...

20 UNDERTAKER: John H. Toadvine

ADDRESS: 1424 W. Pratt

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96854 — 104 — C96854

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Block St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Wright

(Residence in Baltimore: No. 1422 Block St.; yrs. 11 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE, Blk.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 31st (Day), 1915 (Year)

7-AGE, yrs. 11 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, James P. Wright

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Garrison

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wright

(Address) 1422 B. Block St.

15-

Filed JUL 26 1916, 191... HARRY E. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to July 25 1916, that I saw her alive on July 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) G. L. Ebersmen M. D.

7-26, 1916 (Address) 30 S. Bl'way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, July 27 191 6

20-UNDERTAKER John H. Scudder

ADDRESS 1422 Wash

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96855 C96855

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1335 N Fulton ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob A Ebaugh

(Residence in Baltimore: No.) 1335 N Fulton ave St.; 42 yrs., 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Feb (Month) 1 (Day), 1826 (Year)

7-AGE. 80 yrs. 5 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Store Keeper

9-BIRTHPLACE, (State or Country), Carroll Co md

PARENTS.

10-NAME OF FATHER. William Ebaugh

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Carrol Co md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Belle Jacobs

(Address) 1335 N. Fulton ave

15- JUL 26 1916 HARRY C. ANDREWS

Filed....., 191..... Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to July 24 1916, that I saw him alive on July 24 1916, and that death occurred, on the date stated above, at 7.4 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Unknown

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Walter A Orr M. D.

7-5, 191.6. (Address) 2212 Greenmount ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, July 28, 1916

20-UNDERTAKER Jos Joerdens Son — ADDRESS 218 S. Pac

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96856 C96856

CERTIFICATE OF DEATH.

REGISTERED NO. C 5 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Somerset ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hurst

(Residence in Baltimore: No. 410 Somerset St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored A. A.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE. 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary E. Hurst

(Address) 410 Somerset St

15 JUL 26 1916 Filed ....., 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3, 1916, to July 23 1916, that I saw him alive on July 23, 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

..... Mitral regurgitation

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Gastric catarrh

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) J C Robinson M. D.

July 24, 1916 (Address) 1520 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, July 26, 1916

20-UNDERTAKER Wm Robert & Ellas — ADDRESS 504 East

B C96857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 C96857

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hospital Work ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Hayward Hill

(Residence in Baltimore: No. 1637 E Monument St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ~~Dec~~ Unknown 1895
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
21 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Daniel Hill

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mrs Shaw

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Robert A Elliott

(Address) 506 Regis Ave

15- JUL 26 1910 HARRY C. ARTHURS Registered Permit Clerk.
191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas Lyons Smith M. D.
(Coroner.)

July 27, 1915. (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, North Point Cemetery DATE OF BURIAL, July 27 1915

20-UNDERTAKER Mrs Robert A Elliott ADDRESS 506 East Av

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96858

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96858

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 N. Arlington Ave St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Cabinat

(Residence in Baltimore: No. 240 N. Arlington Ave St.; ..... yrs., 1 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, May (Month) 26 (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Rev Comish

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R P Haddock M D

(Address) 117 N Caswell Ave

15- JUL 26 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 22 1916, to July 25 1916, that I saw him alive on July 25 1916, and that death occurred, on the date stated above, at 6-4 m.

The CAUSE OF DEATH* was as follows:

(a) Bronchopneumonia

..... (Duration).....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) R P Haddock M. D.

July 25, 1916 (Address) 117 N Caswell Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Pisgah Cemetery

DATE OF BURIAL, July 26, 1916

20-UNDERTAKER Charles B. Jones

ADDRESS 1334 Pine

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C96859 C96859

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Hargrove Alley; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Timms

(Residence in Baltimore: No. 2001 Hargrove Alley St.; 55 yrs., 1 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, May 24, (Month) (Day) 1861 (Year)

7-AGE, 55 yrs. 1 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or Country), Talbot Maryland

PARENTS.

10-NAME OF FATHER, Harrison Marley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Timms

(Address) 2001 Hargrove Alley

15- JUL 26 1916 Filed 191 HARRY C. AMBERGER, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, (Month) (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1916, to 191 that I saw h alive on July 22 1916, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) H. Bashuell M. D.

July 25, 1916 (Address) 2927 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery DATE OF BURIAL, July 26 1916.

20-UNDERTAKER Charles B Jones ADDRESS 235 N. Pine

(over)

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96860 C96860

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH U.S. Marine Hosp

CITY OF BALTIMORE: (No. U.S. Marine Hosp ST.) WARD

2-FULL NAME John A Jones

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 39 W. West St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Apr (Month) 19 (Day), 1844 (Year)

7-AGE, 72 yrs. 3 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Edmonds Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Isabella Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
his statement on
(Informant) admission to Hosp.
(Address)

15-
Filed JUL 26 1916, 191.
HARRY C. AMELUNG
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1916, to July 24 1916, that I saw him alive on July 24 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Val disease of heart
(Mitral) Incipient
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Chas. W. Voss M. D.
July 24, 1916. (Address) U.S. Marine Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 3 mos. 2 ds. In the State — yrs. — mos. — ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 39 W. West St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, July 26, 1916

20-UNDERTAKER Fred. A. Frame ADDRESS 703 Hanover St

HEALTH DEPARTMENT---CITY OF BALTIMORE

C96861 C96861

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2010 Division St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Graham

(Residence in Baltimore: No. 2010 Division St.; yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Jan (Month) 19 (Day), 1881 (Year)

7-AGE: 35 yrs. 6 mos. 5 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Chas E Graham

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Annie Cole

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edith Wilson

(Address) 2010 Division

15- Filed JUL 26 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17, 1916, to, July 24 1916, that I saw h[im] alive on July 23 1916, and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs 10 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. S. McCard M. D.

7/25, 1916. [Address] 2005 Hillsdale

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: July 26 1916

20-UNDERTAKER: George H. Helm

ADDRESS: 5-7 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96862 64 C96862

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 S. Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Noll

(Residence in Baltimore: No. 508 S. Robinson St. 49 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 19th (Day), 1887 (Year)

7-AGE, 29 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, John Noll

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Kern

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Noll

(Address) 508 S. Robinson St.

15-

Filed JUL 26 1916 [illegible] Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1916, to July 25 1916, that I saw him alive on July 25 1916, and that death occurred, on the date stated above, at 9 45 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 2 mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Adam Aschod M. D.

, 191... (Address) 439 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, July 25, 1916

20-UNDERTAKER C. Sander & Sons — ADDRESS 710 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96863 C96863

CERTIFICATE OF DEATH. 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; V WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Meier

(Residence in Baltimore: No. 524 S. Durham St.; 28 yrs., 6 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female. 4-COLOR OR RACE, white. 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan (Month) 3 (Day), 1888 (Year).

7-AGE, 28 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... shirt worker
(b) General nature of industry, business, or establishment in which employed (or employer)..... factory

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chris Meier

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Minnie Ordick

13-BIRTHPLACE OF MOTHER (State or Country), America Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Minnie J. Meier

(Address) 524 S. Durham

15- HARRY C. ANDREWS

Filed JUL 26 1916 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from July 13 1916, to July 24 1916, that I saw her alive on July 24 1916, and that death occurred, on the date stated above, at 10.50a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 3 da.

(Signed) Louis E. Leuser M. D.

7/24/16. (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State 28 yrs. 6 mos. 21 ds.

Where was disease contracted, if not at place of death? 524 S. Durham St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, I.B.E. Evangelical DATE OF BURIAL, July 27, 1916.

20-UNDERTAKER F. Sander & Sons ADDRESS 1210 E. Lanvale

Spec.—8-24-14—M. & T.—2000 Bks.

696864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 S. East Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Haberkam

(Residence in Baltimore: No. 1002 S. East Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June (Month) 29 (Day), 1915 (Year)

7-AGE, 1 yrs. - mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Chas. E. Haberkam,

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co., Md

12-MAIDEN NAME OF MOTHER Katherine C. Kramer,

13-BIRTHPLACE OF MOTHER (State or Country), Balto., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. E. Haberkam

(Address) 1002 S. East Ave

15- Filed JUL 26 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20th 1916, to July 25th 1916, that I saw h[illegible] alive on July 26th 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis Cotard

(Duration) ....yrs. ....mos. 1/4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 6 ds.

(Signed) [illegible] M. D.

July 27, 1916 (Address) 824 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Carmel Cemetery

DATE OF BURIAL, July 27, 1916

20-UNDERTAKER Zurkler & Zurkler

ADDRESS 1237 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96865

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96865

CERTIFICATE OF DEATH.

20

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 W Lexington ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George. W. Beckley.

(Residence in Baltimore: No. 2107. W. Lexington St.; Left time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Sept 28, 1898 (Month) (Day) (Year)

7-AGE, 17 yrs. 9 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Leather goods.
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Henry B Beckley

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Emma G. Baldwin

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma G. Beckley

(Address) 2107 W Lex St.

15- Filed JUL 26 1916, 191.....

HARRY C. ANDREWS
Permit Clerk
Registrar.

over

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11th 1916, to July 25 1916, that I saw him alive on July 25th 1916, and that death occurred, on the date stated above, at 203 a. m.

The CAUSE OF DEATH* was as follows:

Septicaemia of about 3 weeks duration and pericarditis of ~~antepinet~~ duration (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis ulc. Mit. (Duration) yrs. 3 mos. (?) ds.

(Signed) Benjamin Kaden M. D.

7-26, 1916 (Address) 252 N. Payson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, JUL 27 1916

20-UNDERTAKER Geo. A. Gerbig ADDRESS Balto & Payson 85

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96866 C96866

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1044 N Bare St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James B. Horan

(Residence in Baltimore: No. 1044 N Bare st St.; 60 yrs. 5 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb (Month) 3 (Day), 1856 (Year)

7-AGE, 60 yrs. 5 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoelaster
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Horan

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Margaret Hanley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James M Horan

(Address) 1044 N Bare

15-

Filed JUL 26 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1916, to July 25 1916, that I saw h[illegible] alive on July 24 1916, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Brights Disease

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Uremic Convulsions

(Duration) yrs. mos. 2 ds.

(Signed) Joseph E. Jones M. D.

July 25, 191.. (Address) 1520 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, 7/25, 191.6

20-UNDERTAKER William Cook

ADDRESS 502 E Nth

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C96867

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C96867

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 McCulloh ST.: 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Harwood Harrison

(Residence in Baltimore: No. 1210 McCulloch St.: 67 yrs., 2 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, May (Month) 23 (Day), 1849 (Year)

7-AGE, 67 yrs. 2 mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Public Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Benjamin Harrison

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md.

12-MAIDEN NAME OF MOTHER Ann E Harwood

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy H. Harrison

(Address) 1324 Eutaw Place

15- Filed JUL 26 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (26) 26, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to July 26 1916, that I saw him alive on July 26 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) .... yrs. .... mos. Ohr. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) 3 yrs. .... mos. .... ds.

(Signed) Wm D McDonald M. D.

7-26.., 191.6 (Address) 1309 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery DATE OF BURIAL, 7-27, 1916.

20-UNDERTAKER New York ADDRESS 502 North Ave

Dr Wm McDonald 1309 Linden Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96868 C96868

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2041 E. North ave. ST.; 8 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Heiss

(Residence in Baltimore: No. 2041 E. North ave. St.; 26 yrs., 9 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 16., (Day) 1889 (Year)

7-AGE, 26 yrs. 9 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Thomas Murphy

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Heiss

(Address) 2041 E. North Ave.

15-

Filed JUL 26 1916, 191.... HARRY C. ARTESEN Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to July 24 1916, that I saw h[illegible] alive on July 23 1916, and that death occurred, on the date stated above, at 9 AM m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jacob Frahm M. D.

July 26, 1916 (Address) 1823 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, S. S. Mathews Sta. DATE OF BURIAL, July 26, 1916

20-UNDERTAKER Robt. J. Turner ADDRESS 444 N. Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96869

CERTIFICATE OF DEATH.

104

C96869

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Paradise Court ST.: 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henney Butler

(Residence in Baltimore: No. 1603 Paradise Court. St.; 1 yrs. 3 mos. 11 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 5 (Day), 1915 (Year)

7-AGE, 1 yrs. 3 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, C H Butler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lizzie Young

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C H Butler

(Address) 1603 Paradise Ct

15-

Filed JUL 26 1916 HARRY C. ANDREWS

Burial Permit Clerk

(Registrar.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916 to July 26 1916, that I saw h.. alive on July 2 1916, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis - Enteritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Eshman M. D.

July 26, 1916 (Address) 741 N. Mt Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, July 26, 1916

20-UNDERTAKER Samuel Hawley ADDRESS 575 N Bridge

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 m.s.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96870

CERTIFICATE OF DEATH.

781

REGISTERED NO. C 96870

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M Bell

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ....yrs., ...mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov (Month) 11 (Day), 1879 (Year)

7-AGE, 37 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Sheriff
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Fla

PARENTS.

10-NAME OF FATHER, J. M Bell

11-BIRTHPLACE OF FATHER (State or Country), N C

12-MAIDEN NAME OF MOTHER Mary Afford

13-BIRTHPLACE OF MOTHER (State or Country), Fla

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hardy

(Address) Johns Hopkins Hospital

15- Filed JUL 26 1916 191.... ROBERT A. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1916, to July 26 1916, that I saw him alive on July 26 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Aneurism of Ascending Aorta

(Duration) ....yrs. 6+ mos. ....ds.

CONTRIBUTORY (Secondary) Rupture of internal hemorrhage

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. K. G. Brooks M. D.

July 26, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence W Tunnak Springs Fla

19-PLACE OF BURIAL OR REMOVAL, De Funiak Springs Fla. DATE OF BURIAL, July 26 1916

20-UNDERTAKER Hilliard L Faulks ADDRESS 221 N Bradley

HEALTH DEPARTMENT—CITY OF BALTIMORE

696871 64 696871

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 237 Herring's Court) ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lucy

(Residence in Baltimore: No. 237 Herring's Court St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Widowed

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1859 (Year)

7-AGE,	If LESS than 1 day,
57 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Washerwoman
(h) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Waters.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Lucy

(Address)..... 237 Herring's Court

15-

Filed JUL 26 1916, 191... ROBERT B. GRAUTOFF Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquisition (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

5 minute (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration).....yrs.....mos.....ds.

(Signed) Henry Irby Smith M. D.
(Coroner.)

July 27, 1916. (Address) 1819 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	July 27, 1916.
20-UNDERTAKER John W. Henderson	ADDRESS 311 N Caroline St

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96872 151 C96872

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S Mount St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Elluch

(Residence in Baltimore: No. 215 S Mount St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 24 (Day), 1916 (Year)

7-AGE, ... yrs. ... mos. ... ds.

If LESS than 1 day. 10 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jerome Elluch

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Mamie Walton

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Elluch

(Address) 215 S Mount St

15- JUL 26 1916 ROBERT J. KRAUTER, Registrar.
Filed ..., 191... Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1916, to July 25 1916, that I saw h[illegible] alive on July 24 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth about 6 mo. pregnancy

(Duration) ... yrs. 10 hours ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. 10 hours ... mos. ... ds.

(Signed) Joseph E. Thum M. D.

July 26, 191. (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	7-27, 1916.
20-UNDERTAKER H. C. Brauning Son	ADDRESS 517 N. Howard St

C96873 HEALTH DEPARTMENT—CITY OF BALTIMORE C96873

C96873

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96873

CERTIFICATE OF DEATH

164

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2936 Bernard St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Dolores E. Wolf

(Residence in Baltimore: No. 2936 Bernard St. St.; yrs. 6 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Infant

6 DATE OF BIRTH: Jan. 25, 1916 (Month) (Day) (Year)

7 AGE: yrs. 6 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Albert Wolf.

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emma Shewberry

13 BIRTHPLACE OF MOTHER (State or country): Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Wolf.

(Address) 2936 Bernard st

15 JUL 26 1916, 191 ..... HUBERT J. BRAUTIGAM Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 26, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1916 to July 26 1916 that I saw h es alive on July 22, 1916 and that death occurred, on the date stated above, at 12.50 a m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ..... yrs. Two hours mos. ds.

Contributory (SECONDARY) Intestinal Indigestion

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) L. A. Richardson M. D.

July 26, 1916 (Address) 112 E. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: St Marys Hanover July 27 DATE OF BURIAL 1916

20 UNDERTAKER: Ellenworth & Son ADDRESS 367 Chestnut ave

IS VERY IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTI

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96874 84 C96874

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Garfield.

(Residence in Baltimore: No. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sngl

6-DATE OF BIRTH, July (Month) 24., (Day) 16. (Year)

7-AGE, yrs. mos. 1/ ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joe Curtis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Jennie Garfield

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Cullen, M.D.

(Address) Johns Hopkins Hospital

15- JUL 26 1916 Filed ..., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24., (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..., 191.., to ..., 191.., that I saw h... alive on ..., 191.., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Status Lymphaticus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. L. Cullen, M. D.

July 24., 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ..., 191..

20-UNDERTAKER

ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96875

CERTIFICATE OF DEATH.

104 C96875

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Fisher

(Residence in Baltimore: No. 807 Elder St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black.	Single

6-DATE OF BIRTH, Feb (Month) ..... (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 5 mos. ..... ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ellery Taylor

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Isabel Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hardy

(Address) Johns Hopkins Hospital

15- Filed JUL 26 1916, 191.....

ROBERT ... KRETCHMER ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1916, to July 23 1916, that I saw him alive on July 23 1916, and that death occurred, on the date stated above, at 11 20 a.m.

The CAUSE OF DEATH* was as follows:

Acute intestinal indigestion

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Finney M. D.

July 23, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 807 Elder St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	....., 191...
20-UNDERTAKER	ADDRESS

FOR ANATOMICAL PURPOSES.

B C96876

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 C96876

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 18 Weber St.: 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gray c

(Residence in Baltimore: No. 18 Weber St.: 39 yrs., ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Don't know, 1..... (Month) (Day) (Year)

7-AGE, 39 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimor, Md

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country) Don't know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country). Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Smith

(Address) 1523 Nicholson St

15 JUL 26 1916 Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial
Nephritis
(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) Chas. H. Leonhardt M. D. (Coroner.)

July 24, 1916 (Address) 1017 St Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, ... DATE OF BURIAL, JUL 26 1916

20-UNDERTAKER ..... ADDRESS .....

Morgue

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96877 — 29 C96877

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital 4 St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Stolt

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: May (Month) 1 (Day) 1903 (Year)

7-AGE: 13 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Workman
(b) General nature of industry, business, or establishment in which employed (or employer): Farm

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Francis Stolt

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or Country): "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St.

15- JUL 26 1916 ROBERT J. KRAUT

Filed ..... 191... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: July (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16 191 6, to July 12 191 6, that I saw her alive on July 12 191 6 and that death occurred, on the date stated above, at 3:45 p. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

1 mo. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ?

(Duration) yrs. mos. ds.

(Signed) Edward J. Sweet M. D.

July 12, 191 6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? St. Marys Co. Md.

Former or usual residence St. Marys Co. Md.

19-PLACE OF BURIAL OR REMOVAL, — DATE OF BURIAL, ..., 191...

20-UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96878

CERTIFICATE OF DEATH.

37 C96878

1-PLACE OF DEATH

CITY OF BALTIMORE (No. City Jail ST.: 10 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Brannan

(Residence in Baltimore: No. ..... St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Unknown

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, About 45 yrs ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed JUL 26 1916 [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15 , 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.)
found that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Syphilis .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probably Syphilis of Brain

..... Died (Previous) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Riley ..... M. D.
(Coroner.)

April 22, 1916 (Address) 1639 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death Dan days yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
City Park Bury	....., 19....
20-UNDERTAKER	ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96879

C96879

164

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1164 Hanstrake St.; 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leona J Kestler

(Residence in Baltimore: No. 1164 Hanstrake St.; ..yrs.. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH, (Month) Aug (Day) 24, (Year) 1915

7-AGE, ..yrs.. 11 mos. ..ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Jos Kestler

11-BIRTHPLACE OF FATHER, (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Seloma Harney

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Jos Kestler

(Address): 1164 Hanstrake St

15-

Filed JUL 26 1916

ROBERT . KRAUTH
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: July 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 191 6, to July 25 1916, that I saw h[illegible]ive on July 25 1916, and that death occurred, on the date stated above, at 1 15 p m.

The CAUSE OF DEATH was as follows:

Pleuro Colitis

(Duration) ..yrs. mos 3 ..ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. mos. ..ds.

(Signed) Thos G Edmondson M. D.

July 26, 1916 (Address) 1120 W Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: July 27, 1916

UNDERTAKER: John J. Fields — ADDRESS: 1200 E Lombard St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96880 HEALTH DEPARTMENT—CITY OF BALTIMORE C96880

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 444 East St. V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Jablkowski

(Residence in Baltimore: No. 2027 Fleet St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, John Jablkowski

11-BIRTHPLACE OF FATHER (State or Country), Polland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Polland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jablkowska

(Address) 2027 Fleet St.

15- ROBERT , REGISTRAR

Filed JUL 26 1916 Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1916, to July 25 1916, that I saw h— alive on July 24 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Uremia

..... (Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J Wenten M. D.

July 26, 1916 (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 27 1916.

20-UNDERTAKER Jacob Jablkowski

ADDRESS 1428 E. Bond St

Spec.—8-24-14—M. & T.—2000 Bks.

C96881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 C96881

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 N. River ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. J. Miskimen

(Residence in Baltimore: No. 229 N. River St.; 60 yrs. 5 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 14 (Month) (Day), 1856 (Year)

7-AGE, 60 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home mk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John G. Wilmer

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward A. Miskimen

(Address) 229 N. River St.

15-

Filed JUL 26 1916 191.... ROBERT . KRAUTH, Registrar.

Burial permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1916, to July 25 1916, that I saw her alive on July 25 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Dysentery Chronic (Amoebic)

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(Duration) yrs. mos. ds.

(Signed) E. S. Peck M. D.

July 26, 1916. (Address) 100 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetary

DATE OF BURIAL, July 27, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96882

CERTIFICATE OF DEATH.

79 C96882

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Camden Station or quay to Mers. Hosp. St. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas S. Clark

(Residence in Baltimore: No. 3113 Clifton ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb 23, 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Thos. S. Clark

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Isabella Ball

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos J Wilson

(Address) 3113 Clifton Ave

15. JUL 26 1916 Filed, 191. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Cardiac Disease
Some years of duration
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Jno. J. Chatham M. D.
(Coroner.)

July 26, 1916 (Address) 16 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, July 27, 1916.

20-UNDERTAKER Henry W Jenkins Son Co

ADDRESS Orchard & Mt Auburn

Spec.—8-24-14—M. & T.—2000 Bks.

C96883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 C96883

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver J. Wright

(Residence in Baltimore: No. 1038 N. Eden St. St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, June (Month) 2 (Day), 1849 (Year)

7-AGE, 67 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired Paper Dealer

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Oliver B. Wright

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Mary L. Eichelberger

13-BIRTHPLACE OF MOTHER (State or Country) Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oliver B. Wright

(Address) 1038 N. Eden St.

15-JUL 26 1916 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1916, to July 26 1916, that I saw him alive on July 26 1916, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate gland

Not known (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) General septicemia and cystitis (Duration) ....yrs. ....mos. 7 ds.

(Signed) Wm. R. Johnson M. D.

7/26, 1916. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1038 N. Eden St.

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Cemetery DATE OF BURIAL, July 28, 191.

20-UNDERTAKER Chas. T. Evans & Son ADDRESS 118 W. Mt. Royal

Barbara Hess.

C96884

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40

C96884

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2 S. Hare St. St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Baraba Hess,

(Residence in Baltimore: No. 2 S. Hare St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: December (Month) II (Day), 1842 (Year)

7 AGE: 73 yrs. 7 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: John J Schoepflein

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Germeny

14 I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frederick L. Hess,

(Address) 9 South Haven St.

15 Filed JUL 26 1916, 191

ROBERT , BRAUTIGAM

Burial Permit Given

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 26 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1916, to July 26, 1916, that I saw her alive on July 26, 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Hepatic Carcinoma.

At least 8 Mo. (Duration) yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Allen C. Beetham M. D.

7-26- 1916 (Address) 3139 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel

DATE OF BURIAL: July 28, 1916

20 UNDERTAKER: Perkins & Perkins

ADDRESS 1739 E. Eager

Is very important. See instructions on back of certificate. The property classified. Exact statement of OCCUPATION

HEALTH DEPARTMENT---CITY OF BALTIMORE

C96885

CERTIFICATE OF DEATH

137 C96885

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No 1528 Gorsuch Ave St.: 9 WARD)

2-FULL NAME Lilley C. Spangler

(Residence in Baltimore: No. 1528 Gorsuch Ave St.; ....yrs....mos....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: June (Month) 12 (Day), 1880 (Year)

7-AGE: 36 yrs. 1 mos. 13 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Henry A. Troboese

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Sophia Gunther

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Christopher Spangler

(Address) 1528 Gorsuch ave

15- Filed JUL 26 1916, 191.. ROBERT ... Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24, 1916, to, July 25 1916, that I saw h... alive on July 25 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaimia
Death premature Child & Both
about 4th month of gestation
Heart Very Weak Woman

(Duration) ... yrs ... mos One ds.

Contributory (SECONDARY) Exhaustion

(Duration) ... yrs ... mos. One ds.

(Signed) H. Young Markbreit M. D.

July 26 1916 (Address) 1618 Gorsuch ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: July 28 1916

20-UNDERTAKER: Henry Hoeckes Son — ADDRESS: 130 E Eager St

Spec.---8-24-14---M. & T.---2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96886 C96886

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1702 (St.) Abbottston (Ward) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidonia Ringlet

(Residence in Baltimore: No.) 1702 (St.) Abbottston

(St.; 58 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 58 yrs. 1 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Cleer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Teufel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Alice M. Gurdice

(Address) 1702 Abbottston St

15-

Filed JUL 26 1916, 191.. ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13th 1916, to July 25th 1916, that I saw her alive on July 24th 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis

(Duration) ....yrs. uncertain mos. ....ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ....yrs. ....mos. 1 ....ds.

(Signed) E. M. C. Tasker M. D.

July 26th, 1916. (Address) 1051 Cresmont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, July 28, 1916.

20-UNDERTAKER Henry Koech & Son — ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C96887

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96887

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 N Port St ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis M Heubauer

(Residence in Baltimore: No. 1716 N Port St St.; yrs. 6 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 27 (Day), 1915 (Year)

7-AGE, yrs. 6 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John F Heubauer

11-BIRTHPLACE OF FATHER, (State or Country), City

12-MAIDEN NAME OF MOTHER, Grace Borgmann

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Heubauer

(Address) 1716 N Port St

15- JUL 26 1916 Filed, 191. ROBERT J. KRAUS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1916, to July 26 1916, that I saw her alive on July 26th 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. 2 wks ds.

(Signed) L. M. C. Parker M. D.

July 26, 1916 (Address) 1051 August Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, July 27, 1916.

20-UNDERTAKER Henry Kosch & Son ADDRESS 1001 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C96588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C96588

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3030 ODonnell ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis M. Butler

(Residence in Baltimore: No. 3030 ODonnell St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 4, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 1 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

9-BIRTHPLACE, (State or Country) W. Va

PARENTS.

10-NAME OF FATHER, Ormen Butler

11-BIRTHPLACE OF FATHER (State or Country) Washington D.C.

12-MAIDEN NAME OF MOTHER Alendia M Hurdle

13-BIRTHPLACE OF MOTHER (State or Country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie R. Butler

(Address) 3030 ODonnell St

15- Filed JUL 26 1916, 191.. ROBERT ... KRAUTER, Burial Permit No. ...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24 1916 to July 25 1916, that I saw him alive on July 25 1916, and that death occurred, on the date stated above, at 9.40 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. B. Tilton M. D.

July 25 1916 (Address) 3035 ODonnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 27, 1916

20-UNDERTAKER H. T. Tschudy & Co — ADDRESS Lemmon Bldg

Spec.—8-24-14—M. & T.—2000 Bks.

C 96889

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 96889

CERTIFICATE OF DEATH.

1916

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Wyndale Ave ST.: 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gwendolyn Louise Middleton

(Residence in Baltimore: No. 1412 Wyndale Ave St.; 2 yrs., 7 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December 29, 1913 (Month) (Day) (Year)

7-AGE, 2 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles T. Middleton

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Ethel M. Lindsay

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles T. Middleton

(Address) 1412 Wyndale Ave

15- Filed JUL 27 1916, 191.... HARRY C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1916, to July 26 1916, that I saw her alive on July 26 1916, and that death occurred, on the date stated above, at 6.40 P.m.

The CAUSE OF DEATH* was as follows:

Meningitis following fall

Striking the head -

(Duration) — yrs. — mos. 2d. ds.

CONTRIBUTORY (Secondary) accidental fall (Duration) ....yrs. ....mos. 2d. ds.

(Signed) Mary Broad Dean M. D.

July 26, 1916. (Address) 901 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, July 28 1916

20-UNDERTAKER Daniel Easton

ADDRESS 916 Pa - ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96890 C96890

CERTIFICATE OF DEATH.

29

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Dougherty

(Residence in Baltimore: No. 1914 Mc Culloh Street St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 21 (Day), 1914 (Year).

7-AGE, 2 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Dougherty

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ella Mumis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Haray

(Address) Johns Hopkins Hospital

15- JUL 27 1916

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to July 25 1916, that I saw her alive on July 25 1916, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. F. Thomas M. D.

July 25 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. 1 ds. In the State Life ✓ yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1914 Mc Culloh Stred

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, 7/28, 1916

20-UNDERTAKER Samuel H. Stansley ADDRESS 3/8 N Eutaw

C96890

C96891

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C96891

1 PLACE OF DEATH

D

• CITY OF BALTIMORE (No. 908 Argyle Ave St. 17 Ward)

Registered No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Turner

(Residence in Baltimore: No. 908 Argyle Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (If single write the word): Single

6-DATE OF BIRTH: July 25 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day ..... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md (City)

PARENTS

10-NAME OF FATHER: Henry Turner

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Ella Turner

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Turner

(Address) 908 Argyle Ave

15 Filed JUL 27 1916 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25 1916, to July 26 1916, that I saw h.r alive on July 25 1916, and that death occurred, on the date stated above, at 8A m.

The CAUSE OF DEATH* was as follows:

Premature birth
1 yr 8 month ?

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Stewart M. D.

....., 191 ..... (Address) 1083 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 7/28 1916

20 UNDERTAKER: Samuel Beasley

ADDRESS: 5 S Bond

18 very important. See instructions on back of certificate.

OCCUPATION

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C96892

REGISTERED No. C 96892

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 721 Wagoche ST.: 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Solomon Scott

(Residence in Baltimore: No. 721 Wagoche St.; yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July 23, 1916 (Month) (Day) (Year)

7-AGE: yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: James Scott

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Sallie Jackson

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Scott

(Address) 721 Wagoche st.

15. JUL 27 1916 Filed, 191

HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 26, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25th, 191 , to July 26th, 191 , that I saw h[illegible] alive on July 26th, 191 , and that death occurred, on the date stated above, at 3.05 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds

Contributory (SECONDARY) Contributory

(Duration) yrs. mos. 1 ds.

(Signed) Geo. W. Lauenbach M. D.

July 26th, 191 (Address) 2215 N. Gaston Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: July 27, 1916

20 UNDERTAKER: Alfred J. Feulander

ADDRESS 114 N. Schroeder St

IF VERY IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION is necessary to properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96893

CERTIFICATE OF DEATH.

1 12 4

C96893

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. Eighth WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angela L Bagley

(Residence in Baltimore: No. Johns Hopkins Hospital. St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH July 27, 1881 (Month) (Day) (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Illinois

PARENTS.

10-NAME OF FATHER, Timothy H Driscoll

11-BIRTHPLACE OF FATHER (State or Country), Louisiana

12-MAIDEN NAME OF MOTHER Alicia Fay

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Teresa Driscoll

(Address) 813 Buena Ave Chicago Ill

15- JUL 27 1916 HARRY E. ARNOLD Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1916, to July 27 1916, that I saw her alive on July 27 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Urinary obstruction causing
Renal insufficiency

(Duration) 10 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. 3 mos. ds.

(Signed) H. J. Cecil M. D.

..., 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State yrs. 2 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 813 Buena Ave, Chicago Ill.

19-PLACE OF BURIAL OR REMOVAL, Calvary Cemetery Chicago Ill DATE OF BURIAL, 7-31, 1916.

20-UNDERTAKER H C Cummings Sons ADDRESS 317 N S Lincoln St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96894

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Elsinore Duvall ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Capt. W. Swaitwout

(Residence in Baltimore: No. Elsinore Duvall ST.) See corrected certificate attached

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, (Month) (Day) (Year) Unknown, 1

7-AGE, 80 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Navy
(b) General nature of industry, business, or establishment in which employed (or employer). Retired

9-BIRTHPLACE, (State or Country), NY

PARENTS.

10-NAME OF FATHER, James Swaitwout

11-BIRTHPLACE OF FATHER (State or Country), NY

12-MAIDEN NAME OF MOTHER Mary E. Hoff

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Redmond

(Address) Elsinore Duvall

15- JUL 27 1916 Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1916, to July 26 1916, that I saw him alive on July 26 1916, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Indigestion

(Duration) yrs. mos. 1 ds.

(Signed) O. T. Dunton M. D.

July 27 191 6 (Address) 1817 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Hope DATE OF BURIAL, July 28 1916

20-UNDERTAKER W. E. Burns & Son ADDRESS Norma

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Elsinore Apts Dunwall Ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Swartwout

(Residence in Baltimore: No. Elsinore Apts Dunwall Ave St.; ..... yrs., mos. 8 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, June (Month) 18th (Day), 1837 (Year)

7-AGE, 79 yrs. 1 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Capt of Watch
(b) General nature of industry, business, or establishment in which employed (or employer)..... in Norfolk Navy Yard

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Jas Swartwout

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Terbush

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Christina Swartwout

(Address) Elsinore Apts Dunwall Ave.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to July 26 1916, that I saw h m alive on July 26 1916, and that death occurred, on the date stated above, at 10 3/4 a. m.

The CAUSE OF DEATH* was as follows:

(a) Angina Pectoris

(Duration) 1 yrs. 6 mos. 2 ds.

CONTRIBUTORY (Secondary) Indigestion

(Duration) 8 yrs. mos. 1 ds.

(Signed) O M Dunwell M. D.

....., 191... (Address) 1817 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Norfolk Va

DATE OF BURIAL, July 27, 1916.

20-UNDERTAKER W J Tucker & Son

ADDRESS Norfolk Va

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96895 154 C96895

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 502 N. Stricker St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Backer

(Residence in Baltimore: No. 502 N. Stricker St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Jan. 10, 1870 (Month) (Day) (Year)

7-AGE, 96 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. M. Backer

(Address) 502 N. Stricker St.

15-

Filed JUL 27 1916 HARRY C. ANDREWS Registrar

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24 1916, to July 25 1916, that I saw h[illegible] alive on July 25 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Senility + hot weather

(Duration) yrs. mos. 1 hr. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 6 hrs. ds.

(Signed) Chas. W. Dorbert M. D.

July 27, 1916 (Address) 1100 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, July 28, 1916.

20-UNDERTAKER Wm. J. Dickney & Son ADDRESS Broadway & Pa

Sent 11 W. Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96896 C96896

CERTIFICATE OF DEATH.

71

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N Monroe ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Waman Leech

(Residence in Baltimore: No. 510 N Monroe St. St.: 1 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aby 26, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md. City

PARENTS.

10-NAME OF FATHER, Edward W Leech

11-BIRTHPLACE OF FATHER (State or Country). City

12-MAIDEN NAME OF MOTHER Ethel Lowndes

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Leech

(Address) 510 N Monroe St.

15- JUL 27 1916 HARRY C. [illegible]
Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1916, to July 26 1916, that I saw h er alive on July 26 1916, and that death occurred, on the date stated above, at 3. a. m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. 1 mos. 1 ds.

(Signed) H. Eastvold Ewart M. D.

July 27, 1916 (Address) 905 N. Edwin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, July 28, 1916

20-UNDERTAKER H. J. Redmond Son ADDRESS Norman

D Ewart

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D C96697 4 5 C96697

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3136 Harford Av ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Witmer

(Residence in Baltimore: No. 3136 Harford Av St.; 39 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept (Month) 8 (Day), 1860 (Year)

7-AGE, 55 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Confectioner
(b) General nature of industry, business, or establishment in which employed (or employer) Self

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Witmer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Smith

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Witmer

(Address) 3136 Harford Ave

15- JUL 27 1916 Filed 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to July 26 1916, that I saw him alive on July 25th 1916, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cancer Stomach of Kidney

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) 1 yrs. mos. 1 ds.

(Signed) Louis L. Kirk M. D.

July 26th 1916. (Address) 3126 Harford Ave. or 1004 N. Lakewood Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, July 28, 1916

20-UNDERTAKER Alfred E. Fuller ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96698 — 104 — 96698

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther Smith

(Residence in Baltimore: No. 1387 Woodyear St. St.; ..... yrs., 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black.	Sing

6-DATE OF ~~BIRTH~~ May 26, 16
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Benneard Smith

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Tilda Hull

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C O Phelps

(Address) Johns Hopkins Hosp

15- Filed JUL 27 1916, 191.... HARRY C. ANDREAE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 191 6 to July 26 191 6, that I saw h[illegible]ive on July 26 191 6, and that death occurred, on the date stated above, at 8 25 P. m.

The CAUSE OF DEATH* was as follows:

Acute Sto Ind Indigestion

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert h. Rover Asst M. D.

July 27, 191 6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1387 Woodyear St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, July 27 1916

20-UNDERTAKER Wm H. Chase & Son — ADDRESS 1400 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96699 C96699

CERTIFICATE OF DEATH.

78

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 W. Cross ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Henderson

(Residence in Baltimore: No. 604 W. Cross St.; 49 yrs. 7 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. (Month) 10 (Day), 1866 (Year)

7-AGE, 49 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Tea & Coffee

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Joseph B. Henderson

11-BIRTHPLACE OF FATHER (State or Country), Balto. City

12-MAIDEN NAME OF MOTHER, Florinda Meyers

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara B. Henderson

(Address) 604 W. Cross St.

15- JUL 27 1916 Filed..... 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1916, to July 26 1916, that I saw him alive on July 25 1916, and that death occurred, on the date stated above, at 6 30 a. m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) ....yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. 4 mos. ....ds.

(Signed) Geo. N. Dorsey M. D.

July 27, 1916. (Address) St. Agnes Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 29, 1916

20-UNDERTAKER Wm. C. Black ADDRESS 927 N. Bond

mcen

C96900

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96900

CERTIFICATE OF DEATH

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1205 Durst Alley St.: 24 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Railey

(Residence in Baltimore: No. 1205 Durst alley St.: 24 yrs. 2 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH April 29, 1892 (Month) (Day) (Year)

7-AGE 24 yrs. 2 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Thomas S Shea

11-BIRTHPLACE OF FATHER (State or country) Balto

12-MAIDEN NAME OF MOTHER Mary O'Brien

13-BIRTHPLACE OF MOTHER (State or country) Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary O'neill

(Address) 1205 Durst Alley

15 Filed JUL 27 1916, 191 HARRY C ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July 26, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1915, to July 26th, 1916, that I saw h[illegible] alive on July 25th, 1916, and that death occurred, on the date stated above, at 5 20 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 10 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Henry B Cole M. D.

July 27th, 1916 (Address) 1203 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cem | DATE OF BURIAL July 29, 1916

20-UNDERTAKER Wm Cook | ADDRESS 502 E North

18 Very important. See instructions on back of certificate. Exact statement of OCCUPATION may be property classified.

Spec.—5-19-13—M. & T.—500 Bks.

C96901

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96901

CERTIFICATE OF DEATH.

8

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 1527 N Gilmor ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Mertel

(Residence in Baltimore: No. ~~1527~~ 1527 N. Gilmor St.; ....yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Single

6-DATE OF BIRTH, August 28th, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, J M Mertel

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary C Lynch

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Michael Mertel

(Address) 1527 N. Gilmor St.

15-
JUL 27 1916
Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to July 25 1916, that I saw him alive on July 25 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

Saw deceased once only 1/2 hour before he died (Duration) ....yrs. ....mos. 1/2 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. 2 hours ds.

(Signed) O. N. Duvall M. D.

July 27, 1916 (Address) 167 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemt. DATE OF BURIAL, July 28 1916

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

C96902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1172 C96902

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Alfred Magoon

(Residence in Baltimore: No. University Hospital St.; yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. July (Month) 22 (Day), 1858 (Year)

7-AGE. 58 yrs. mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Lawyer.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Algona Kossuth Co. Iowa

PARENTS.

10-NAME OF FATHER. John Magoon

11-BIRTHPLACE OF FATHER (State or Country). Maine

12-MAIDEN NAME OF MOTHER. Maria Eaton

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. N. Tyler

(Address) 212 E. Pratt St.

15- JUL 27 1916 HENRY C. ANDREWS Burial Permit Clerk

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows:
Shock Caused by falling from bridge, causing fracture of four ribs and punctured lung (accidental)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Driscoll M. D. (Coroner)

July 27, 1916 (Address) 912 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE. (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Hanover St. Bridge

Former or usual residence Honolulu

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, July 27, 1916

20-UNDERTAKER H. W. Fulton Sons Co. — ADDRESS 710 Ludlow

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C96903 C96903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 505 S. Collington Ave. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A. Herold

(Residence in Baltimore: No. 505 S. Collington Ave. St. 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 20 (Day), 1838 (Year)

7-AGE, 78 yrs. 1 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Stuck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Marine Waring

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Freudenberger

(Address) 505 S. Collington Ave.

15-

Filed JUL 27 1916, 191

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1916, to July 26 1916, that I saw her alive on July 25 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Hepatic Cirrhosis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(Duration) yrs. 3 mos. ds.

(Signed) Geo. Heller M. D.

7-26, 191 (Address) 1927 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Pauls Cemetery DATE OF BURIAL, July 28, 1916

20-UNDERTAKER, Henry Eisenhardt ADDRESS 701 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

C96904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C96904

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 S. Decker Ave. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Robert Henderson

(Residence in Baltimore: No. 818 S. Decker Ave. St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 4 (Day) 1843 (Year)

7-AGE, 73 yrs. — mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Mariner
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John H Henderson.

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary J. ~~Reynolds~~ Mathews

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma J. Henderson.

(Address) 818 S. Decker Ave.

15- JUL 27 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to July 25 1916, that I saw h.. alive on July 25 1916, and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

From History. (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

Broken Compensation (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) W. L. Burke M. D.

July 26 1916 (Address) 804 2 Hudson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, July 28, 1916

20-UNDERTAKER Lilly & Zeik ADDRESS 403 S Wolfe St.

C96905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146

C96905

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1010 Patapsco ST. 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Kernetzka

(Residence in Baltimore: No. 1010 Patapsco St.; yrs. 4 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: March (Month) 10th (Day), 1916 (Year)

7-AGE: yrs. 4 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Mr. Geo. Kernetzka

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russian

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Kernetzka

(Address) 1010 Patapsco St

15. Filed JUL 27 1916, 191 — HARRY C. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7/3, 1916, to 7/26 1916 that I saw her alive on 7/26, 1916 and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Intestinal Toxemia

Operation for Mastoiditis

(Duration) ..... yrs. ..... mos. 21 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. 7? ds.

(Signed) D. T. Henderson M. D.

7/27, 1916 (Address) 1213 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1010 Patapsco St

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Holy Redeemer — DATE OF BURIAL: July 28, 1916

20-UNDERTAKER: P. F. M. J. Flynn — ADDRESS: 1422 Light St

Very important. See instructions on back of certificate. — 3 — Exact statement of OCCUPATION

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96906 — 66 — C96906

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Bank, ST.; 1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Fowell.

(Residence in Baltimore: No. 2208 Bank St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July (Month) (Day) 1861 (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Owen Boylan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Hannah McEnroe

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Boylan

(Address) 2208 Bank St

15-

Filed JUL 27 1916, 191 HARRY C. [illegible] Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28th 1916, to July 25th 1916, that I saw h[illegible] alive on July 24th 1916, and that death occurred, on the date stated above, at 1[illegible] p m.

The CAUSE OF DEATH* was as follows:

Hemiplegia Left Side

(Paralysis)

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Heart Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) Edward Stillwell M. D.

July 27, 1916 (Address) 208 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, July, 191[illegible]

20-UNDERTAKER John A Moran & Son

ADDRESS Bank St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96907 HEALTH DEPARTMENT—CITY OF BALTIMORE 104 C96907

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2654 St Benedict St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Beach

(Residence in Baltimore: No. 2654 St Benedicts St.; yrs., 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 10, 1916 (Month) (Day) (Year)

7-AGE, yrs. 8 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John H Beach

11-BIRTHPLACE OF FATHER (State or Country), Westminster Md

12-MAIDEN NAME OF MOTHER Annie Wright

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Beach

(Address) 2654 St. Benedict St

15- JUL 27 1916 Filed....., 191... HARRY [illegible] Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 2, to 26 1916, that I saw h[illegible] alive on July 26 1916, and that death occurred, on the date stated above, at 11 8 m.

The CAUSE OF DEATH* was as follows:

Cellulitis of scrotum

Several

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. mos. 10 ds.

(Signed) Robert C Metcalf M. D.

July 27, 1916. (Address) 25 W Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, July 28th, 1916

20-UNDERTAKER F B Hippert — ADDRESS 2238 Fredk ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96908 (13) (28) C96908

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1910 Euton Place - ST. 14 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myra Francis Cohn

(Residence in Baltimore: No. 1910 Euton Place St.; ... yrs. 5 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: (Month) Aug (Day) 11, (Year) 1897

7-AGE: 18 yrs. 11 mos. 16 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Near Albany Ind

PARENTS

10-NAME OF FATHER: Edward A. Cohn

11-BIRTHPLACE OF FATHER (State or country): Halifax N.C.

12-MAIDEN NAME OF MOTHER: Annie Salinsky

13-BIRTHPLACE OF MOTHER (State or country): Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. A. Cohn

(Address) Columbus, Ga

15 FILED JUL 27 1916 ROBERT ... KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: (Month) July (Day) 27, (Year) 1916

17. I HEREBY CERTIFY, That I attended deceased from June 30th, 1916, to July 27 1916, that I saw her alive on July 26, 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonales

(Duration) ... yrs. 6 mos. ... ds

Contributory (SECONDARY) Exhaustion -

(Duration) ... yrs. ... mos. ... ds.

(Signed), Lee Cohen M. D.

July 27, 1916 (Address) 1820 Euton Pl -

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Louisville Ky

DATE OF BURIAL: July 27 1916

20-UNDERTAKER: Howard Sondheim

ADDRESS: 1180 Madison Ave

IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C96909

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward L. Larkins

(Residence in Baltimore: No. 1215 Wilkes St. St.; ..... yrs., 9 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 22, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 9 mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... baby.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... baby.....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert L. Larkins

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Helen Wolf

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Larkins

(Address) 1215 Wilkes St.

15- Filed JUL 27 1916, 191... ROBERT P. KRAUSE Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to July 27 1916, that I saw h[illegible] alive on July 27 1916, and that death occurred, on the date stated above, at 11 6. m.

The CAUSE OF DEATH* was as follows:

Intussusception - brought on by bad indigestion & fever

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Atrophia Infantum

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. McCullough M. D.

7/27/16 191... (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1215 Wilkes St.

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel

DATE OF BURIAL, July 29, 1916

20-UNDERTAKER Henry Lutz

ADDRESS 1007 N. Bond

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96910 1 C96910

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE: (No. 1317 N. Eden ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida L Parker

(Residence in Baltimore: No. 1317 N Eden St.; Life time yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, June (Month) 26 (Day), 1894 (Year)

7-AGE, 22 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William E Litchfield

11-BIRTHPLACE OF FATHER (State or Country), Georgetown D C

12-MAIDEN NAME OF MOTHER, Jennie Rolland

13-BIRTHPLACE OF MOTHER (State or Country), Phila Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Litchfield

(Address) 1317 N. Eden St.

15- Filed JUL 27 1916 ROBERT J. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to July 26 1916, that I saw her alive on July 26 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY. (Secondary) Miscarriage

(Duration) yrs. mos. 1 ds.

(Signed) John T. Owens M. D.

191... (Address) 1603 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 30 1916

20-UNDERTAKER Henry Litz

ADDRESS 1007 N. Bond

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96911 X+1 C96911

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harvard a. Kelly Hosp. St., Sc. WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Ware Murrill.

(Residence in Baltimore: No. 1418 Entaw Place St.; yrs. mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov. (Month) 26, (Day) 1870 (Year)

7-AGE, 45 yrs. 8 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, H. A. Ware

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER S. A. Hill.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. W. Murrill

(Address) Huntington W. Va

15- JUL 27 1916 ROBERT J. KRAUTH, Filed....., 191.... Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1916, to July 27 1916, that I saw h[illegible] alive on July 27 1916, and that death occurred, on the date stated above, at 3 20 p.m.

The CAUSE OF DEATH* was as follows:

Embolism following operation

For cancer of pancreas

(Duration) yrs. 6 mos. 5 ds.

CONTRIBUTORY (Secondary) Cancer of pancreas

(Duration) yrs. 6 mos. ds.

(Signed) Robert W. Lewis M. D.

July 27, 1916 (Address) 1418 Entaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State ....yrs. ....mos. 8 ds.

Where was disease contracted, if not at place of death? Huntington W. Va

Former or usual residence Huntington W. Va.

19-PLACE OF BURIAL OR REMOVAL, Huntington W. Va

DATE OF BURIAL, July 27 1916

20-UNDERTAKER Chas. T. Black

ADDRESS 1201 Madison St

C96912 C96912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Rennert Ave. St.; 4 WARD) REGISTERED No. C 159

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Erich M. Chilton

(Residence in Baltimore: No. Rennert Holet St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) (Year)

7-AGE, about 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Gen Passenger
(b) General nature of industry, business, or establishment in which employed for employer)..... N. Central Ry Co

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John C Chilton

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Catherine Reid

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin Ryan

(Address) Norfolk Va

15- Filed JUL 27 1916, 191. ROBERT J. KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26 P.M. July 27 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by pistol shot wound in brain

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Insane

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. F. Kelly (Coroner.) M. D.

July 27 1916 (Address) 639 Dover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Staunton Va — DATE OF BURIAL, July 28 1916.

20-UNDERTAKER Chas. T. Crane & Son — ADDRESS 1810 N. Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96913

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96913

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 315 South Central Ave ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Smith

(Residence in Baltimore: No. 315 South Central Avenue. 70 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April (Month) 23 (Day), 1846 (Year)

7-AGE, 70 yrs. 3 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, —— Richards.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Courtney

(Address) 315 S. Central Ave.

15- Filed JUL 27 1916, 191... ROBERT . KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 17th 1915, to July 26 1916, that I saw h.r alive on July 24 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Mitral Disease of the Heart,

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D W Bathell M. D.

July 26., 1916. (Address) 1636 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, July 28, 1916

20-UNDERTAKER John A Howard & Co

ADDRESS Bank

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C96914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14

C96914

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 George ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Davis

(Residence in Baltimore: No. 627 George St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, 7 (Month) 26 (Day), 1856 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Davis

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary —

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Daggs

(Address) 722 Broadway

15- Filed JUL 27 1916 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7.24 1916, to 7.25. 1916, that I saw him alive on 7.25. 1916, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Enteritis

Dysentery (Acute)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L L Lewis M. D.

7.26, 191.6 (Address) 679 Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, 7.28. 191.6

20-UNDERTAKER Samuel A Stanley

ADDRESS 5784 Belair Rd

Spec.--8-24-14.—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96915 53 96915

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Guest

(Residence in Baltimore: No. 522 Archer St. St.; 30 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1882 (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Joseph's Hospital

(Address) Caroline & Lanvale

15- JUL 28 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to July 26 1916, that I saw her alive on July 26 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Splenic Leukaemia

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) myocarditis

(Duration) yrs. mos. 8 ds.

(Signed) E. M. S. Bruger M. D.

July 27, 1916. (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? 522 Archer St.

Former or usual residence 522 Archer St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, July 29, 1916

20-UNDERTAKER John J. Conaughton

ADDRESS 701 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

C96916 C96916

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby of Mrs Catherine Grazzano

(Residence in Baltimore: No. 1347 Fremont ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, (White) Italian

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 27 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 9 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER Mass Michael Grazzano

11-BIRTHPLACE OF FATHER (State or Country) Italy

12-MAIDEN NAME OF MOTHER Catherine Grazzano

13-BIRTHPLACE OF MOTHER (State or Country) Italy

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Grazzano

(Address) 1347 N. Fremont ave

15-

JUL 28 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 27 1916, to July 28 1916, that I saw him alive on July 27 1916 and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Prematurity - (7 mo child)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter L. Richards M. D.

July 28, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 hrs. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem

DATE OF BURIAL, July 1916

20-UNDERTAKER Harry W. Ehlen

ADDRESS 1944 W. North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96917 C96917

CERTIFICATE OF DEATH.

130

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 49 Provident Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Jones

(Residence in Baltimore: No. 402 W. Hoffman St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Oct. 10 (Month), 1873 (Day) (Year)

7-AGE: 42 yrs. 9 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Thomas Jones

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Martha Bias

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Estella Fields

(Address) 548 N. Fawn Alley St

15- JUL 28 1916 HARRY C. ANDREWS Registrar.

Filed....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 11, 1916, to July 26 1916, that I saw her alive on July 25 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac asthenia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Pleuro pneumonia

(Duration) 1 yrs. ....mos. ....ds.

(Signed) J. K. Chisum M. D.

....., 191.6 (Address) 1520 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 402 W. Hoffman St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, July 28, 1916.

20-UNDERTAKER John H. Owens ADDRESS 1212 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C96918 64 C96918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 1/2 S. Sharp; St.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Garrison

(Residence in Baltimore: No. 615 1/2 S Sharp St St.: 27 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1889 (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... General
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, James Garrison

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Leah Floyd

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Garrison

(Address) 615 1/2 Sharp St

15- Filed AUG 28 1916 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1916, to July 25 1916, that I saw h.. alive on July 25 1916, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Cerebral Hemorrhage)

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Heart Disease

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) C. H. Friedrich M. D.

July 26 1916 (Address) 715 S Sharp St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, July 28, 1916

20-UNDERTAKER John H Toadvine

ADDRESS 142 W. Hill

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—1000 Bks.

C96919

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96919

CERTIFICATE OF DEATH.

37

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Percy Meyers

(Residence in Baltimore: No. 1533 E Fayette Street St.; yrs. 10 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, (Month) Sept (Day) 18, (Year) 1915

7-AGE, yrs. 10 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Bernard Malone

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Alvira Meyers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F M Hardy

(Address) Johns Hopkins Hospital

15-

Filed JUL 28 1916, 191... HARRY C. ARNOLD Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) July (Day) 26, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from July 24 1916, to July 26 1916, that I saw him alive on July 26 1916, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Syphilis, Congenital

(Duration) yrs. 10 mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Intestinal Indigestion

(Duration) yrs. mos. 4 ds.

(Signed) Gilbert W. Rosenthal M. D.

July 26 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1533 E Fayette Street

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, July 28 1916

20-UNDERTAKER John W Henderson

ADDRESS 317 N Caroline

Spec.—5-19-13—M. & T.—500 Bks.

C96920 C96920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 Druid Hill Ave ST.: 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Barnes

(Residence in Baltimore: No. 2016 Druid Hill ave St.: 1 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, March 13, 1877
(Month) (Day) (Year)

7-AGE, 39 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) (Hand work)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Neal

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Charlotte Lancaster

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Richard Barnes

(Address) 2016 Druid Hill Ave.

15-

Filed JUL 28 1916, 191.... HARRY C. [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to July 27 1916, that I saw h[illegible] alive on July 27 1916, and that death occurred, on the date stated above, at 8 3/4 m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James Brown M. D.

July 27 1916 (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Saint Peters Cemitary

DATE OF BURIAL, July 29 1916

20-UNDERTAKER Mr Robert A Elliott

ADDRESS 506 East [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96921 C96921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

* 109

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rochard Hall

(Residence in Baltimore: No. Johns Hopkins Hospital St.; yrs., few hours mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1887
(Month) (Day) (Year)

7-AGE, 29 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Sparrows Pt.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jerome Hall.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Georgina Curry

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) O. Hall

(Address) Johns Hopkins Hosp.

15- Filed JUL 29 1916 HARRY C. ARBERS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1916 to July 26 1916, that I saw h[illegible]ive on July 26 1916, and that death occurred, on the date stated above, at 5.46 p. m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

Operation (Duration) yrs. mos. 1 ds.

(Signed) H. E. Bovard M. D.

July 27, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death Few hours. In the State Life
yrs. mos. ds. yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Sparrows Point, Md.

19-PLACE OF BURIAL OR REMOVAL, Lausal Cemetery

DATE OF BURIAL, July 28, 1916

20-UNDERTAKER Jos Robert A Elliott

ADDRESS 500 East St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96922 104 C96922

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: No. Johns Hopkins Hosp ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant James.

(Residence in Baltimore: No. 1533 E. Fayette St St.; yrs., 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, May (Month) 29 (Day), 1916 (Year)

7-AGE, yrs. 1 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary James

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Rhoads

(Address) Johns Hopkins Hosp

15-

Filed JUL 28 1916, 191... HARRY C. [illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 191 6, to July 26 191 6, that I saw h[illegible]live on July 26 191 6, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert W. Rosenthal M. D.

July 27, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1532 Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, July 28 1916

20-UNDERTAKER Wm Robert A Elliott ADDRESS 514 East 25

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96922

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96923

CERTIFICATE OF DEATH.

120

C96923

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 E. Monument St.; 7 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Schmit

(Residence in Baltimore: No. 1710 E. Monument St.; — yrs., — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, April 15, 1859 (Month) (Day) (Year)

7-AGE, 57 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Cassady

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Hurley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J. Schmit

(Address) 701 N. Kenwood Ave.

15-

JUL 28 1916 HARRY C. PEARCE

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to July 26 1916, that I saw her alive on July 26 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. 10 mos. hrs.

(Signed) Wm J. Schmit M. D.

July 27, 1916. (Address) 701 N. Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, July 27, 1916.

20-UNDERTAKER Wm J. Schaffer & Son

ADDRESS E. 1st. First St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96924 C96924

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 Whatcoat ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Albert Green.

(Residence in Baltimore: No. 1336 W Whatcoat St; Ward; Length of residence in city, yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Baby.

6-DATE OF BIRTH, August July 7, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 0 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Oscar Green

11-BIRTHPLACE OF FATHER (State or Country), Charles County Md

12-MAIDEN NAME OF MOTHER Ella Silas.

13-BIRTHPLACE OF MOTHER (State or Country), St Mary County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Green

(Address) 1336 N. Whatcoat.

15- JUL 28 1916 HARRY T. AR... E...

Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1916, to July 27 1916, that I saw him alive on July 27 1916, and that death occurred, on the date stated above, at 3.30 P, m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) — yr. — mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Charles G. Clark M. D.

July 27 1916. (Address) 1310 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, July 28 1916.

20-UNDERTAKER Clarence E. Wright ADDRESS 1364 Carey

Spec.—8-24-14—M. & ...000 Bks.

C96925

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & [illegible]000 Bks.

C96925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C96925

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1922 Gough ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen Grzeczka

(Residence in Baltimore: No. 1920 Gough St.; 35 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov (Month) 15 (Day), 1879 (Year)

7-AGE, 36 yrs. 7 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar Keeper cafe
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Michael Grzeczka.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Nowatowska

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Grzeczka,

(Address) 1922 Gough St.

15- JUL 28 1916

Filed....., 191.... HARRY C. ANDREAS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to July 26 1916, that I saw him alive on July 26 1916, and that death occurred, on the date stated above, at 11.55 a.m.

The CAUSE OF DEATH* was as follows:

a. Pulmonary Tuberculosis

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculosis of Intestines

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Geo. Heller M. D.

7.28..., 191.6 (Address) 1937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus, DATE OF BURIAL, July 30, 1916.

20-UNDERTAKER M. F. Sadowski ADDRESS 405 S. Ann

c96926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

c96926

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1033 Park ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Stanley Jackson

(Residence in Baltimore: No. 1033 Park ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	

6-DATE OF BIRTH, Sept 16 (Month) (Day) 1914 (Year)

7-AGE, 1 yrs. 7 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Brack

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susie Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rudolph Coleman

(Address) 1032 Park Ave

15- JUL 28 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Whooping Cough

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

July 27, 1916. (Address) 819 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 1 yrs. mos. ds.

Where was disease contracted, if not at place of death? Same

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lauel Cemetery

DATE OF BURIAL, July 28, 1916

20-UNDERTAKER John A. Bishop

ADDRESS 110 N Dolphin Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96927

C96927

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1379 Whatcoat ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora M. Thomas

(Residence in Baltimore: No. 1379 Whatcoat St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 6, 1893 (Month) (Day) (Year)

7-AGE, 22 yrs. 8 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Frederick City Md

PARENTS.

10-NAME OF FATHER, John Thomas

11-BIRTHPLACE OF FATHER (State or Country), Frederick Co Md

12-MAIDEN NAME OF MOTHER Margaret Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Thomas

(Address) 1379 Whatcoat St

15-

Filed ..... 191.....

JUL 28 1916

HARRY C. ARENDS
Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8th 1916, to July 26 1916, that I saw her alive on July 26th 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Phthisis

(Duration) about 3 mos. ds.

CONTRIBUTORY (Secondary) Intestinal trouble

(Duration) yrs. mos. ds.

(Signed) H. E. Cornthwaite M. D.

July 27, 1916 (Address) 1139 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	July 29, 1916.
20-UNDERTAKER	ADDRESS
James H Dennis	303 Pulaski

C96928

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C96928

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1630 Preetman ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Randolph

(Residence in Baltimore: No. 1630 Preetman St.: 23 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov. (Month) 12 (Day), 1865 (Year)

7-AGE: 51 yrs. 4 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: John Lewis

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Mary Pogue

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Randolph

(Address) 1630 Preetman St

15. JUL 28 1916 (Filed) 191

Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 26th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26th, 1916, to, July 26th 1916, that I saw her alive on July 26th, 1916, and that death occurred, on the date stated above, at 2 oclock P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 4 yrs. 4 mos. 0 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) August Horn M. D.

July 27 1916 (Address) 406 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: July 29th, 1916

20-UNDERTAKER: Geo. H. Holland

ADDRESS: 517 Robert St

is very important. See instructions on back of certificate. Exact statement of OCCUPATION may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

C96929

HEALTH DEPARTMENT—CITY OF BALTIMORE 120

C96929

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 N. Bond St. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Ochs

(Residence in Baltimore: No. 1633 N. Bond St. St.; Lifetime yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 24th. (Month) (Day), 1843 (Year)

7-AGE, 72 yrs. 8 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Justice of the Peace

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Ochs

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Evelyn Eckert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lizzie Ochs

(Address) 1633 N. Bond St.

15- JUL 28 1916 HARRY C. PERKINS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1915, to July 27 1916, that I saw h.m alive on July 26 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

" Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Intoxi... Coma (Duration) yrs. mos. 2 ds.

(Signed) Harry S Ebert M. D.

July 28, 1916. (Address) 20 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem

DATE OF BURIAL, July 31, 191..

20-UNDERTAKER Chas. A. Cosmos Sons

ADDRESS 1180 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96930

CERTIFICATE OF DEATH.

104 C96930

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bell

(Residence in Baltimore: No. 2010 Plymouth Ave St.; 24 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, April (Month) 19 (Day), 1916 (Year).

7-AGE, yrs. 3 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm W Bell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maggie Off

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Hardy

(Address) Johns Hopkins Hospital

15-

Filed JUL 28 1916, 191... EARLY C. ADDISON Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to July 27 1916, that I saw him alive on July 27 1916, and that death occurred, on the date stated above, at 9:05 a.m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert L Rowntree M. D.

July 28, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. 1 ds. In the State ✓ yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 2010 Plymouth Ave

19-PLACE OF BURIAL, OR REMOVAL, Saters Cem

DATE OF BURIAL, July 29, 1916.

20-UNDERTAKER Balto Co Mar

ADDRESS 544 1136 th

E. LeRoy Stiffler

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96931 104 C96931

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Upton ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Seggetta

(Residence in Baltimore: No. 1323 Upton St St.: 1 yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 24, 1913 (Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Arthur Seggetta

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Catherine Fielden

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Seggetta

(Address) 1323 Upton St

15- JUL 29 1916 ROBERT J. KRAUSE Burial Permit Clerk

Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1st 1916, to July 26 1916, that I saw h[illegible] alive on July 26 1916, and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis + Nutrition

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) Silas Bartolomi M. D.

July 27, 1916 (Address) 700 N. Kaf Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn DATE OF BURIAL, July 29 1916

20-UNDERTAKER Wm. F. Chase Son ADDRESS Hamden

William H. Shannon.

HEALTH DEPARTMENT—CITY OF BALTIMORE

William H. Shannon.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C96932

C96932

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1558 Aliceanna St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Shannon

(Residence in Baltimore: No. 1558 Aliceanna St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Oct 26, 1916
(Month) (Day) (Year)

7-AGE, 43 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, Andrew J Shannon

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Anna T Rooney

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary J Shannon

(Address) 1558 Aliceanna St

15- Filed JUL 29 1916, 191.. ROBERT . KRAUTH, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said Medicine find that said deceased came to death on the day stated above.
(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Chronic Heart

(Duration) ....yrs.....mos.....ds.

(Signed) Henry Stock M. D.
(Coroner)

July 27, 1916 (Address) 1212 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	July 31, 1916
20-UNDERTAKER Henry Stock & Son	ADDRESS 301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96933 ✓ 50 C96933

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Brennan

(Residence in Baltimore: No. 1103 Ashland ave St.; 48 yrs., — mos. ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 15th (Day) 1860 (Year)

7-AGE, 56 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Proprietor of
(b) General nature of industry, business, or establishment in which employed (or employer)..... Saloon

9-BIRTHPLACE, (State or Country), Long Green Balto Co Md

PARENTS.

10-NAME OF FATHER, John. P. Brennan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Rosa Hallen.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Mary E. Brennan

(Address) 1103 Ashland Ave

15- Filed JUL 29 1916 191.... ROBERT J. KRAUTH, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to July 27 1916, that I saw h— alive on July 27 1916, and that death occurred, on the date stated above, at 8.35 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carbuncles of Neck

(Duration) yrs. 8 mos. ds.

(Signed) Walter L. Richards M. D.

July 27, 1916 (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1103 Ashland ave

Former or usual residence 1103 Ashland ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, July 29, 1916

20-UNDERTAKER Henry Storch Son — ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

B C96934

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 C96934

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Christian ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward S. Schneider

(Residence in Baltimore: No. 2213 Christian St.: Lafayette)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, Feby (Month) 9th (Day), 1916 (Year)

7-AGE, 4 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Charles Schneider

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Rosa Wall

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Chas Schneider

(Address) 2213 Christian St

15-

Filed JUL 29 1916 191.....

ROBERT . KRAUTH
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to July 27 1916, that I saw h[illegible] alive on July 27 1916 and that death occurred, on the date stated above, at 12.10 p m.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis

..... (Duration) .....yrs. .....mos. 22 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Walter A Ker M. D.

7-28, 1916 (Address) Forrest & Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery DATE OF BURIAL, July 29 1916.

20-UNDERTAKER Geo. A. Gerber ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

B C96935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 C96935

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Franklin Sq. 405 St.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Bensch.

(Residence in Baltimore: No. 1001 S. Carey St.: W (yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (write which) Married

6-DATE OF BIRTH, March 10, 1880 (Month) (Day) (Year)

7-AGE, 36 yrs. 4 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Nunberger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Karl Bensch

(Address) 1001 S. Carey St.

15- JUL 29 1916 ROBERT P. KRAUS Burial Permit Clerk

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1916, to July 27 1916, that I saw her alive on July 27 1916, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis following Child birth

(Duration) ....yrs. ....mos. 24 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. H. O'Hara M. D.

7/27, 1916. (Address) Franklin Sq. 405

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 24 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1001 S. Carey St.

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn

DATE OF BURIAL, July 29, 1916

20-UNDERTAKER Jas. B. Cook

ADDRESS 1003 W. Baltimore St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C96936

CERTIFICATE OF DEATH.

151 C96936

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.: 20 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Taylor

(Residence in Baltimore: No. 507 Pulaski St. St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, July (Month) 27 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, 7½ hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Isaac Taylor.

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Rebecca Lubenstein

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Taylor

(Address) 507 Pulaski

15- Filed JUL 29 1916, 191.... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to July 27 1916, that I saw him alive on July 27 1916, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

.....

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. R. Graham M. D.

July 27, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, JUL 28 1916, 191....

20-UNDERTAKER

ADDRESS

Commissioner Health.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C96937

CERTIFICATE OF DEATH.

151 ✓ C96937

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 570 Orford ST.; 17 WARD)

2-FULL NAME (Charles Willie

(Residence in Baltimore: No. 570 Oford street St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, ...yrs.....mos.....da.

If LESS than 1 day, ...hrs. or 1...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country).

12-MAIDEN NAME OF MOTHER Emma Tuell

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-JUL 29 1916 ROBERT . KRAUT[illegible]
Filed....., 191... [illegible] Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to July 27 1916, that I saw h[illegible] alive on July 27 1916, and that death occurred, on the date stated above, at 6. 0/m.

The CAUSE OF DEATH* was as follows:
.....Intestine
.....Breakneck
.....
..... (Duration) yrs. 6 mos. Seconds

CONTRIBUTORY (Secondary).....
..... (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
July 27 1916 (Address) 3[illegible] Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, ..., 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

B C96938

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C96938

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Carroll

(Residence in Baltimore: No. 1313 Argyle Ave St.; ..... yrs., 2 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 14 (Day), 1916. (Year)

7-AGE, ... yrs. 2 mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Carroll

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Stella Bowser

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. M. Lyon

(Address) Johns Hopkins Hospital

15- Filed JUL 29 1916 191.. HOBART A. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to July 28 1916, that I saw him alive on July 28 1916, and that death occurred, on the date stated above, at 4:00 a.m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hubert S. Kraeuter M. D.

July 29, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. 1 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1313 Argyle Ave

19-PLACE OF BURIAL OR REMOVAL, Woodlawn DATE OF BURIAL, July 31 191.6

20-UNDERTAKER Wm. H. Case & Son ADDRESS Woodlawn

Spec.—8-24-14—M. & T.—2000 Bks.

C96939 C96939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 Division ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie C. Thompson

(Residence in Baltimore: No. 1335 Division St.; yrs. 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, May (Month) 30 (Day), 1916 (Year)

7-AGE, yrs. 1 mos. 27 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work /
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Griffin

11-BIRTHPLACE OF FATHER (State or Country), /

12-MAIDEN NAME OF MOTHER Blanche Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chaney Monroe

(Address) 654 W. Lafayette Ave

15- Filed JUL 29 1916, 191.. ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to July 27 1916, that I saw her alive on July 27 1916, and that death occurred, on the date stated above, at 3.30 p m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) [illegible] M. D.

July 28 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, M. E. Woodlawn DATE OF BURIAL, July 29 1916

20-UNDERTAKER Wm H. Grace Son ADDRESS 1408 Mosher

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C96940 C96940

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Cedar Ave St.: 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert L. Day

(Residence in Baltimore: No. 3308 Cedar Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 15 (Day) 1897 (Year)

7-AGE: 19 yrs. 2 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Scholar.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Savage Md

PARENTS

10-NAME OF FATHER: Maurice Day

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Rosa Pierce

13-BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maurice Day

(Address) 3308 Cedar Ave

15- Filed JUL 29 1916 191

ROBERT J. KRAUTH
Deputy Registrar of Vital Statistics

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1915, to, July 27 1916, that I saw h[illegible] alive on July 27 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Hip & Spine (operation)

(Duration) 15 mos. ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. W. Antz M. D.

July 27 1916 [Address] 3865 W. 36

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary's Hampden

DATE OF BURIAL: July 29 1916

20-UNDERTAKER: R. S. Marshall

ADDRESS: 339 Falls Rd.

Spec.—8-24-14—M. & T.—2000 Bks.

C96941

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96941

CERTIFICATE OF DEATH.

45

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2630 Florence St. 13 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas E. Paulin

(Residence in Baltimore: No. 2630 Florence St.; 17 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. (Month) 28 (Day), 1898 (Year)

7-AGE, 17 yrs. 9 mos. 29 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Department Store

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Paulin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Chace

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Paulin

(Address) 2630 Florence St.

15- JUL 29 1916 Filed....., 191..... ROBERT J. KRAUTH Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to July 27 1916, that I saw h[illegible] alive on July 27 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH was as follows:

Sarcoma of Kidney

(Operative Diagnosis)

(Duration) 1 yrs. 6½ mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) P. D. Hughes M. D.

July 29 1916. (Address) 1923 E. Fayette

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery DATE OF BURIAL, July 29 1916

20-UNDERTAKER George W. Holland ADDRESS 517 Robert St.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96942 C96942

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Gresen

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, Feb. 13, 1848
(Month) (Day) (Year)

7-AGE, 68 yrs. 5 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer), General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Louis Gresen

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Maggie Herman

13-BIRTHPLACE OF MOTHER (State or Country), Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. F. Klemm

(Address) Mercy Hospital

15- Filed JUL 29 1916, 191.... ROBERT J. KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916 to July 26 1916, that I saw h[illegible] alive on July 26 1916, and that death occurred, on the date stated above, at 7 1/2 p. m.

The CAUSE OF DEATH* was as follows:

(a) Cystitis

(b)

(c)

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Erysipelas

(Duration) yrs. mos. ds.

(Signed) Thos. F. Gilroy M. D.

July 26 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State life

Where was disease contracted, if not at place of death? —

Former or usual residence 301 S 6th St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, July 29, 1916

20-UNDERTAKER Lilly & Zeile ADDRESS 403 S. Notts.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96943 66 C96943

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 589 Orchard ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fones Fones

(Residence in Baltimore: No. 589 Orchard St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... 1848 ....., ... 1 .....
(Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Patient
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Jones

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jones

(Address) 589 Orchard St.

15- JUL 29 1916 HOBART A. KRAUT
Filed ....., 191.... Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 27, 1916, to July 27, 1916, that I saw h.... alive on July 26, 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia, Pro-
gressive.
(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Bedsores, due to
a leg ulcer
(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) H. Lee Ellis M. D.

July 28, 1916 (Address) 724 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, 7-29, 1916

20-UNDERTAKER Samuel Stansby ADDRESS 578 Park Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

BC96944 — 104 — C96944

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2837 Reece St. WARD 9)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Benton Stokes

(Residence in Baltimore: No. 2837 Reece St St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: W

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: 3 (Month) 31 (Day), 1916 (Year)

7-AGE: ..... yrs. 3 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Daniel Stokes

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Blanche Fox

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daniel Stokes

(Address) 2837 Reece St

15. Filed JUL 29 1916 ..., 191... ROBERT J. KRAUTH Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 7 (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1916, to July 27, 1916, that I saw him alive on July 27, 1916, and that death occurred, on the date stated above, at 12:10 p. m.

The CAUSE OF DEATH* was as follows:

Diarrhea and enteritis

..... (Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. Garland Ahrens M. D.

July 28, 1916. (Address) 1534 Dr. Line

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: July 29, 1916

20-UNDERTAKER: Samuel Beasley

ADDRESS: 358 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, the person in charge of same should fill out this certificate in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96945 C96945

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED No. C

CITY OF BALTIMORE: (No. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warner Hoppe

(Residence in Baltimore: No. 1634 Clarkson St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 9th (Day), 1876 (Year)

7-AGE, 40 yrs. 1 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto Maryland

PARENTS.

10-NAME OF FATHER, C. W. Hoppe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER J. Winters

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jeannie Hoppe

(Address) 1634 Clarkson St.

15- Filed JUL 29 1916 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to July 28 1916, that I saw h im alive on July 28 1916, and that death occurred, on the date stated above, at 12 40 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Typhoid Fever

(Duration) 4 yrs. 1 mos. ds.

(Signed) H. W. Hillis M. D.

7.28., 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1634 Clarkson St.

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, July 31st, 1916.

20-UNDERTAKER Mathes John H. Deufel — ADDRESS 804 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96946 64 C96946

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 919 S Paca ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Smith

(Residence in Baltimore: No. 919 S Paca St.; 64 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, Dec 6th, 1822 (Month) (Day) (Year)

7-AGE, 93 yrs. 7 mos. 22 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. Kelbaugh

(Address) 919 S. Paca St

15- Filed JUL 29 1916, 191..... HARRY C. ANDREWS Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to July 27 1916, that I saw him alive on July 27 1916, and that death occurred, on the date stated above, at 11.38 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Binney Thomas M. D.

July 27 1916 (Address) 7 W. Chesapeake Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, July 30th, 1916

20-UNDERTAKER, Mr & Mrs John H. Deufel — ADDRESS 801 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

C96947

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96947

CERTIFICATE OF DEATH.

29

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Christian ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Franklin Norman

(Residence in Baltimore: No. 2505 Christian st St.; 1 yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: May (Month) 23 (Day), 1885 (Year)

7-AGE: 30 yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ice driver
(b) General nature of industry, business, or establishment in which employed (or employer): American Ice Co.

9-BIRTHPLACE, (State or Country): Balto. Maryland

PARENTS:

10-NAME OF FATHER: William Norman

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Annie Marshel

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. Norman

(Address) 2505 Christian St.

15-

Filed JUL 29 1916, 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 191 6, to July 27 191 6, that I saw h im alive on July 27 191 6, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Phthisis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis

(Duration) yrs. mos. 3 ds.

(Signed) W. A. Keene M. D.

7/27/16, 191... (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL, July 30, 1916

20-UNDERTAKER: Josiah Syfer

ADDRESS 1600 N North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C96948

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

C96948

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Simbly. (Simbly)

(Residence in Baltimore: No. 616 St Lanvale. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mar 10, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland.

PARENTS.

10-NAME OF FATHER, Walter Robinson.

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Julia Simbly.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Simbly

(Address) 616 St Lanvale

15- JUL 29 1916 Filed....., 191... Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1916, to July 28 1916, that I saw her alive on July 28 1916, and that death occurred, on the date stated above, at 9 1/4 m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

(Duration)....yrs....mos. 5 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration)....yrs....mos....ds.

(Signed) Thos. F. Graham M.D.

July 28 1916 (Address) 1 West Lanv

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ds.

Where was disease contracted, if not at place of death? 616 St Lanvale

Former or usual residence 616 St Lanvale

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, July 29, 1916.

20-UNDERTAKER Felix B. Pyle.

ADDRESS 102 E. Mulberry St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96949 28 C96949

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Bradly ST.: 17 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vena Louisa Mathews

(Residence in Baltimore: No. 804 Bradly st St.; 19 yrs. 1 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colrd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June 8th (Month) (Day), 1897 (Year)

7-AGE, 19 yrs. 1 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, James H. Mathews

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Martha Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Brown

(Address) 804 Bradly St

15-

Filed JUL 29 1916, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to July 27 1916, that I saw h[illegible] alive on July 27th 1916, and that death occurred, on the date stated above, at 1. A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

about 3 mons (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) John A Wenger M. D.

July 28, 1916. (Address) 1000 E Edmonson Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL, July 30, 1916

20-UNDERTAKER D. S. & H. Hooper ADDRESS 609 Pitt st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96950 C96950 104

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 531 W. Hoffman ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Kelling

(Residence in Baltimore: No. 531 W Hoffman St St.; yrs. 10 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept (Month) 7th (Day), 1915 (Year)

7-AGE, yrs. 10 mos. 10 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, (?)

11-BIRTHPLACE OF FATHER (State or Country), (?)

12-MAIDEN NAME OF MOTHER Ella Kelling

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Parker

(Address) 531 W. Hoffman St

15- JUL 29 1916 ARTHUR ANDREWS

Filed ..... 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916 to July 27 1916, that I saw h[illegible] alive on July 26 1916, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. H. Rudel M. D.

July 27, 191 6 (Address) 1222 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, July 29 191 6

20-UNDERTAKER John H Toadvin ADDRESS 1420 W Hill St

C96951

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96951

CERTIFICATE OF DEATH

Southwest Kate Ave 119

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. Howard Post Restaurant St., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A Rees.

(Residence in Baltimore: No. Howard Post Restaurant Corner Kate Ave South of Kate Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 10, 1884
(Month) (Day) (Year)

7-AGE, 32 yrs. mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, James J Rees

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Rees

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Rees

(Address) Howard Near

15- Filed JUL 29 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry)
Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. G. Waesche M. D.
(Coroner.)

July 28, 1916 (Address) 719 N Gaston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State None yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, July 30, 1916

20-UNDERTAKER M Lean Jones

ADDRESS 833 Linden Ave

Important. See instructions on back of certificate.

HEALTH DEPARTMENT, CITY OF

C96952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82

C96952

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Paul Roberts

(Residence in Baltimore: No. 827 S. Paca St

St.; 30 yrs., — mos. — de.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, April (Month) 27 (Day) 1886 (Year)

7-AGE,	If LESS than 1 day,
29 yrs. 3 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Daniel Roberts

11-BIRTHPLACE OF FATHER (State or Country), Pittsburg Pa

12-MAIDEN NAME OF MOTHER Anna Dudley

13-BIRTHPLACE OF MOTHER (State or Country), Pittsburgh Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E.K. Pelton

(Address) 1715 W. Franklin St

15- Filed JUL 29 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Embolism of Brain

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) not known

..... (Duration) .....yrs.....mos.....ds.

(Signed) Henry Lynn Smith M. D. (Coroner.)

July 29, 1916. (Address) 1610 E. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 11 ds. In the State 30 yrs.....mos.....ds.

Where was disease contracted, if not at place of death? At Johns Hopkins Hospital

Former or usual residence 827 S. Paca St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	July 31st, 1916
20-UNDERTAKER, James Dignan & Son	ADDRESS 1000 S Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

C96953 HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C96953 HEALTH DEPARTMENT—CITY OF BALTIMORE C96953

CERTIFICATE OF DEATH.

REGISTERED NO. C 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Jacob Hartman

(Residence in Baltimore: No. 5 S. Franklin St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November (Month) 15 (Day), 1847 (Year)

7-AGE, 68 yrs. 8 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Jacob H. Hartman

11-BIRTHPLACE OF FATHER (State or Country), U. S.

12-MAIDEN NAME OF MOTHER Virginia Horsley

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barlow T. Baggett

(Address) Mercy Hospital

15- FILED JUL 29 1916 HARRY C. ANDREWS, 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1916, to July 28 1916, that I saw him alive on July 28 1916, and that death occurred, on the date stated above, at 9 15 m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis, Nephritis and Myocarditis

(Duration) Date? yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) 7 yrs. — mos. — ds.

(Signed) Wm. F. Gahring M. D.

July 28 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 5 S. Franklin

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem DATE OF BURIAL, July 30, 1916.

20-UNDERTAKER Emory W. Fuller & Sons Co ADDRESS McCulloh & Orchard

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96954

CERTIFICATE OF DEATH.

91 C96954

1-PLACE OF DEATH CITY OF BALTIMORE: (No. ~~Tillie Beal~~ 1118 Haubert ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tillie Beal

(Residence in Baltimore: No. 1128 Haubert St.; 30 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, (Month) Not Known (Day) , (Year) 1839

7-AGE, 77 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, not Known

11-BIRTHPLACE OF FATHER (State or Country), not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Chamberlain

(Address) 1118 Haubert St

15- Filed JUL 29 1916, 191 HARRY C. ANDREWS Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) 7 (Day) – 28 –, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from 7-24-16 191 7, to 28 – 191 6, that I saw her alive on 7 – 28 191 6, and that death occurred, on the date stated above, at 3.15 P, m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Old Age

(Duration) yrs. 2 mos. da.

(Signed) H. Pugsley M. D.

7-28- 191 6 (Address) 1370 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Mary's City Md DATE OF BURIAL, July 29 1916

20-UNDERTAKER H. Sander & Sons ADDRESS 710 Fulton St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96955 x108 C96955

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf 6 St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Boulden

(Residence in Baltimore: No. Church Home & Infirmary St.; — yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 22, 1900 (Month) (Day) (Year)

7-AGE, 15 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Packer at
(b) General nature of industry, business, or establishment in which employed (or employer) Cont T. Co.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles Boulden

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sadie Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Boulden

(Address) 3308 Lombard St.

15 JUL 29 1916 HARRY C. ANDREWS

Filed ..... 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 27 1916, to July 28 1916, that I saw h/m alive on July 28 1916, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis, with Peritonitis

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) No

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. H. Lester M. D.

July 28, 1916. (Address) Church Home Inf

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. 1st mos. ..... ds.

Where was disease contracted, if not at place of death? 3308 E. Lombard St.

Former or usual residence 3308 E Lombard St Highlandtown Md

19-PLACE OF BURIAL OR REMOVAL, Fairland Md. DATE OF BURIAL, July 30, 1916.

20-UNDERTAKER Devonwood & Son ADDRESS 369 Eastend Ave.

C96956

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-4

C96956

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 719 Carwell Ave., St.: 9 Ward)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carroll Luckabaugh,

(Residence in Baltimore: No. 719 Carwell Ave., St.; yrs. 7 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Dec. 17, 1915 (Month) (Day), 1 (Year)

7 AGE: yrs. 7 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Maryland

PARENTS

10 NAME OF FATHER: Charles F. Luckabaugh

11 BIRTHPLACE OF FATHER (State or country): Penna

12 MAIDEN NAME OF MOTHER: Leah M. Deaner

13 BIRTHPLACE OF MOTHER (State or country): Penna.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles F. Luckabaugh
(Address) 719 Carwell Ave

15 Filed JUL 29 1916, 191
HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 28, 1916 (Month) (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1916, 191, to July 27, 1916 191, that I saw him alive on July 27, 1916, 191, and that death occurred, on the date stated above, at 7.00 Am.
The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY)

(Duration), yrs. mos. ds.

(Signed) C. J. Davis M. D.
July 28, 1916 (Address) 800 E. 33rd. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: July 29, 1916

20 UNDERTAKER: Chesnowith Son — ADDRESS: Chestnut ave

PLACE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96957

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C96957

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 719 Carwell Ave., St.: 9 Ward)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leah M. Luckabaugh,

(Residence in Baltimore: No. 719 Carwell Ave., St.; yrs. 7 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec. 17, 1915 (Month) (Day), 1 (Year)

7 AGE: yrs. 7 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Maryland

PARENTS

10 NAME OF FATHER: Charles F. Luckabaugh

11 BIRTHPLACE OF FATHER (State or country): Penna

12 MAIDEN NAME OF MOTHER: Leah M. Deaner

13 BIRTHPLACE OF MOTHER (State or country): Penna.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles F. Luckabaugh
(Address) 719 Carwell Ave

15 Filed JUL 29 1916, 191
HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 28, 1916 (Month) (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1916, 191, to July 27, 1916 191, that I saw her alive on July 27, 1916, 191, and that death occurred, on the date stated above, at 7.00 Am.
The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY)

(Duration), yrs. mos. ds.

(Signed) C. J. Davis M. D.
July 28, 1916 (Address) 800 E. 33rd. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: July 29, 1916

20 UNDERTAKER: Chesnowith Son — ADDRESS: Chestnut ave

PLACE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96957

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C96957

REGISTERED No. C .....

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 312 S. Monroe ST.: W WARD)

2-FULL NAME Infant of Jesse & Edna Ulrich

(Residence in Baltimore: No. 312 S. Monroe St.: yrs. ..... mos. 31 hr ds

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 27, (Day) 1916 (Year)

7-AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 31 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Jesse Ulrich

11-BIRTHPLACE OF FATHER (State or country): Balto md

12-MAIDEN NAME OF MOTHER: Edna Jenkins

13-BIRTHPLACE OF MOTHER (State or country): Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse Ulrich

(Address) 312 S Monroe

15. Filed JUL 29 1916, 191 HENRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 28, (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 27- 1916, to July 28-1916, that I saw h[illegible] alive on July 28- 191., and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Premature, Congenital debility

(Duration) ..... yrs. ..... mos. 31 hours ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C Miller Hemming M.D.

July 28, 1916. (Address) 2000 Pollitus St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: JUL 29 1916

20-UNDERTAKER: Geo A Gerber

ADDRESS: Balto & Fulton

IN CASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96958

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C96958

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1209 Hall St. 24 WARD)

(if death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Henry Brill

(Residence in Baltimore: No. 1209 Hall St.: yrs. 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single

6 DATE OF BIRTH: June (Month) 5 (Day), 1892 (Year)

7 AGE: yrs. 1 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: August Brill

11 BIRTHPLACE OF FATHER (State or country): Ger

12 MAIDEN NAME OF MOTHER: Rose Reckeman

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rose Brill

(Address) 1209 Hall St

15. Filed JUL 29 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 28 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1916, to July 28 1916, that I saw him alive on July 28, 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) yrs. 1 mos. 23 ds

Contributory (SECONDARY)

(Duration) yrs. 1 mos. 23 ds.

(Signed) H. Leskowitz M. D.

July 28, 1916 (Address) 520 N. Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Olivet Cem

DATE OF BURIAL: July 29, 1916

20 UNDERTAKER: J. J. McGlynn

ADDRESS: 720 Eutaw St

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96959

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96959

108

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 N. Mount St.; 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie B. Gaskens

(Residence in Baltimore: No. 1114 N. Crescent St.; 17 yrs., 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem.

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Oct (Month) 11 (Day), 1898 (Year)

7-AGE: 17 yrs. 9 mon. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Sam'l Gaskens

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Louisa Henderson

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Gaskens

(Address) 1114 N. Mount

15- Filed JUL 29 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26- 1916, to July 27- 1916, that I saw her alive on July 27- 1916, and that death occurred, on the date stated above, at 5-P m.

The CAUSE OF DEATH* was as follows:

Cardiac thrombosis, appendicitis with rupture of appendix

(Duration) —yrs. —mos. 2 ds.

CONTRIBUTORY (Secondary) Peritonitis 12 hours

(Duration) —yrs. —mos. —ds.

(Signed) Chas. L. M.S. Corbin M. D.

July 29, 1916. (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, July 31, 191.6

20-UNDERTAKER Sam'l H. Diesel & Son

ADDRESS 1700 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96960 104 C96960

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. St.; 2 Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Pushkin

(Residence in Baltimore: No. 1924 Fleet St. St.; ..... yrs., 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 7, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Maryland.

PARENTS.

10-NAME OF FATHER, Samuel Pushkin

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Lea Machamowitz

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Sam Pushkin

(Address) 1924 Fleet St

15- JUL 29 1916 HARRY J. ANDREWS Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to July 28 1916, that I saw him alive on July 28 1916, and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows:

Entero-colitis

..... (Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Acidosis (non-diabetic) (Duration) ... yrs. ... mos. 10 ds.

(Signed) M. Levy M. D.

7/28/, 191.6 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 10 ds. In the State ... yrs. 5 mos. ... ds.

Where was disease contracted, if not at place of death? 1924 Fleet St

Former or usual residence 1924 Fleet St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale Cemt DATE OF BURIAL, July 30, 191.6

20-UNDERTAKER S. Levinson & Bro ADDRESS 107 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96961 HEALTH DEPARTMENT—CITY OF BALTIMORE 70 C96961

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 N Broadway ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry L. Lovell

(Residence in Baltimore: No. 702 N Broadway St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar (Month) 8 (Day), 1853 (Year)

7-AGE, 63 yrs. 4 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Night Watch-man
(b) General nature of industry, business, or establishment in which employed (or employer): Dept Store

9-BIRTHPLACE, (State or Country), Mass

PARENTS.

10-NAME OF FATHER, John L. Lovell

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Nancy M. Wellman

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia W. Lovell

(Address) 702 N. Broadway

15- JUL 29 1916 KIRBY C. ADKINS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11th 1916, to July 27th 1916, that I saw h alive on July 27th 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Abscess and

Chronic Parenchymatous Nephritis

(Duration) Dont Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 7 ? yrs. mos. ds.

(Signed) Wm T. Lockwood M. D.

July 28th 1916 (Address) 8 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, July 30, 1916

UNDERTAKER William Cook

ADDRESS 502 E North

Lockwood 8 E Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96962 28 C96962

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Thompson ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fillie B. Upshoff

(Residence in Baltimore: No. 1108 Thompson St.; 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (State or Country), Dont know

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Upshoff

(Address) 1108 Thompson Street

15- HARRY C. ANDREWS

Filed AUG 20 1916, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1916, to July 29 1916, that I saw her alive on July 28 1916, and that death occurred, on the date stated above, at 1 15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) William H. Holtzman M. D.

July 29, 1916 (Address) 201 E. Balto St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, 7/31, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Mr Johnson 2017 E Balto Street

C96963

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

C96963

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 543 N Preston St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice E. Johnson

(Residence in Baltimore: No. 543 N Preston St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: January (Month) 14 (Day), 1913 (Year)

7-AGE: 3 yrs. 6 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Wm. Johnson

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary E. Johnson

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E Johnson

(Address) 543 N Preston St

15 JUL 30 1916 Filed 191

HARRY T. ROGERS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 28 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1916, to July 28 1916, that I saw her alive on July 27, 1916, and that death occurred, on the date stated above, at 11 A M.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ..... yrs. ..... mos. 7 Days

Contributory (SECONDARY) Gastro-Enteritis from Birth

(Duration) ..... yrs. ..... mos. 7 Days

(Signed) Frank E. Wagner M. D.

7/30, 1916 (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: W. Laurel Cem. DATE OF BURIAL: 7/30 191 6

20-UNDERTAKER: Saml L Handley ADDRESS 18 N Bond St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96964

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96964

CERTIFICATE OF DEATH.

137

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Cumming

(Residence in Baltimore: No. 704 (about) Harford Ave St., —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June 24 (Month) (Day), 1886 (Year)

7-AGE, 30 yrs. 1 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — House
(b) General nature of industry, business, or establishment in which employed (or employer) work (Private)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Cumming

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Jones

(Address) 233 N. Pine

15-

Filed JUL 30 1916 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy of inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~1st~~ Myocarditis

1 day (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Septicaemia

1 day (Duration) ... yrs. ... mos. ... ds.

(Signed) H. T. Ailey (Coroner) M. D.

July 28 191.6 (Address) 1603 Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place 4 or 5 times In the of death ...yrs. ...mos. ...ds. State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 704 Harford Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, July 30, 1916

20-UNDERTAKER Charles B. Jones

ADDRESS 235 N. Pine St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96965 C96965

154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 N Bond St.; 7 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bank Stahl

(Residence in Baltimore: No. 1006 N Bond St.; 50 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widower.

6-DATE OF BIRTH, Apr. (Month) 8 (Day), 1830 (Year)

7-AGE, 86 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Shoe Maker

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Valentine Bank Stahl.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Schulte.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Teresa Bank Stahl

(Address) 1006 N. Bond St.

15- Filed JUL 30 1916, 191.....

HARRY C. ALLEN
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 29th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25th 1916, to July 29th 1916, that I saw ... alive on July 29th 1916, and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. ...mos. ...ds.

(Signed) H. Stahl M. D.

July 29th, 1916 (Address) 1st, Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. July 31, 1916

20-UNDERTAKER Henry Storck Son ADDRESS 130 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96966 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C96966

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1616 N. Wolfe ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillip Holzschuher

(Residence in Baltimore: No. 1616 N. Wolfe St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, June 24, 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Saloon
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Phillip Holzschuher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henrietta Bitts

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Walkling

(Address) 1616 N. Wolfe St.

15- Filed JUL 30 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11th 1916, to July 28th 1916, that I saw him alive on July 28th 1916, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Hemiplegia

(Duration) yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. ..... mos. ..... ds.

(Signed) Charles Lee Meyer M. D.

1916 (Address) 1031 N. Carlton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, July 31 1916.

20-UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay St.

C96967 C96967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1711 Presbury ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sam Sowyer

(Residence in Baltimore: No. 1711 Presbury St. Lifetime ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ~~July 29~~ unknown 1883 ~~1916~~
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
33 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bath, Me

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. S.

(Address) 1711 Presbury St

15-

JUL 30 1916

Filed ....., 191... HARRY C. ANDREWS Deputy Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Germs & Poison

(Duration) yrs. mos. ds.

(Signed) J. McMahon M. D.
(Coroner)

July 30, 1916. (Address) 8 14th Ave. E.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State None ....yrs....mos....ds.

Where was disease contracted, if not at place of death? None

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	July 30, 1916

20-UNDERTAKER	ADDRESS
James H Dennis	323 Eastern

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

c96968 c96968

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 836 Columbia ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gillian Deuchler

(Residence in Baltimore: No. 836 Columbia Ave. St.; ..... yrs., 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	Single

6-DATE OF BIRTH, April 13, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Geo. H. Deuchler.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Margaret E. Mulray

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo H. Deuchler

(Address) 836 Columbia Ave.

15-

Filed JUL 30 1916, 191.....

HARRY C. ... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to July 29 1916, that I saw h[illegible] alive on July 29 191..., and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Marasmus

..... (Duration) ..... yrs. 7 mos. ..... ds.

(Signed) [illegible] M. D.

July 30, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cem	July 31, 1916.
20-UNDERTAKER J Howard Sow	ADDRESS 901 Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96969 C96969

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 & Woodley ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Westley Cooper Richard

(Residence in Baltimore: No. 1727 E. Oliver St.; yrs., 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Nov. (Month) 22, (Day) 1915. (Year)

7-AGE, yrs. 8 mos. 6 ds.

If LESS than 1 day, ~~hrs. or~~ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Wm. Geo. Richard

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co., Md.

12-MAIDEN NAME OF MOTHER Lizie Leymon

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. G. Richard

(Address) 1721 E. Oliver St

15- JUL 30 1916 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21, 1916, to July 28, 1916, that I saw h[illegible] alive on July 28, 1916, and that death occurred, on the date stated above, at 1225 a m.

The CAUSE OF DEATH* was as follows:

Acute ileo Colitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. mos. 2 ds.

(Signed) Stern Magnus M. D.

July 29, 1916. (Address) 1706 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery — DATE OF BURIAL, July 30, 191.

20-UNDERTAKER Robt. F. Turner — ADDRESS 1742 N. Gay

Spec.—8-24-14—M. & T.—2000 Bks.

C96970

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96970

91

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N Fremont ST. 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leona M Keith

(Residence in Baltimore: No. 416 N Fremont St St.; - yrs., - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Mulatto

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 7, 1916 (Month) (Day) (Year)

7-AGE, 0 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Fauquier Co Va

PARENTS.

10-NAME OF FATHER, Ambrose Keith

11-BIRTHPLACE OF FATHER (State or Country), Fauquier Co.

12-MAIDEN NAME OF MOTHER Mary Stein

13-BIRTHPLACE OF MOTHER (State or Country), Columbia Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ambrose Keith

(Address) 416 N Fremont St

15-

Filed ..... 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1916, to July 30 1916, that I saw h[illegible] alive on July 30 1916, and that death occurred, on the date stated above, at 8 30a m.

The CAUSE OF DEATH* was as follows:

D

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. ....ds.

(Signed) Robert C Mitchell M. D.

July 30 1916 (Address) 1530 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, July 21.., 1916

20-UNDERTAKER H S Frisk

ADDRESS 1921 N Paca St

Spec.—8-24-14—M. & T.—2000 Blks.

C96971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C96971

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Kurtz

(Residence in Baltimore: No. 606 N. Calvert St.; 9 yrs., 5 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single.

6-DATE OF BIRTH, Feb. (Month) 14 (Day) 1907 (Year)

7-AGE, 9 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Schoolboy.
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, George E. Kurtz

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Hettie Kurtz

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Kurtz

(Address) 606 N. Calvert St.

15-

Filed....., 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 29 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from 7-5-, 1916, to 7-29, 1916, that I saw her alive on 7-29, 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Empyema

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) 6 yrs. mos. 21 ds.

(Signed) [illegible] M. D.

7-29, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 24 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 606 N. Calvert

Former or usual residence 606 N. Calvert

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, 7-31, 1916

20-UNDERTAKER J. Frew McCully ADDRESS 39 E. Fort

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96972 104 C96972

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 Fleet ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. L. Webster

(Residence in Baltimore: No. 2009 Fleet St.; yrs., 2 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 2 (Day), 1916 (Year)

7-AGE, — yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Earl Webster

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lula Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Earl Webster

(Address) 2009 Fleet St.

15- Filed JUL 30 1916, 191.. EARLY C. ADAMS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 29 (Day); 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1916, to July 29 1916, that I saw him alive on July 29 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. 4 hours mos. ds.

CONTRIBUTORY (Secondary) improper nourishment

(Duration) yrs. mos. ds.

(Signed) Jos. L. Valentine M. D.

July 30, 1916 (Address) 16 So Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel C. C. Co. DATE OF BURIAL, July 31, 1916

20-UNDERTAKER Trudell Lippa & Son ADDRESS 330 S. Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

C96973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 C96973

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Adam ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kellen Konstantine.

(Residence in Baltimore: No. 2301 Adam St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1879. (Year)

7-AGE, 37 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home wife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Greece

PARENTS.

10-NAME OF FATHER, George Pappas

11-BIRTHPLACE OF FATHER (State or Country), Greece

12-MAIDEN NAME OF MOTHER Ida Henderson

13-BIRTHPLACE OF MOTHER (State or Country), Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kelly Konstantine

(Address) 2301 Adam St.

15-

JUL 30 1916

Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) — 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-14 1916, to 7-30 1916, that I saw h[illegible] alive on 7-30 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Post partum Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute intestinal ob-struction (Duration) yrs. mos. 5 ds.

(Signed) S. D. Saunders M. D.

7-31, 1916 (Address) 1617 Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, Aug 1, 1916.

20-UNDERTAKER, H. & W. L. Flynn

ADDRESS 1425 Light

Spec.—8-24-14—M. & T.—2000 Bks.

C96974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80

C96974

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 N. Charles ST.: 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Catherine Smith

(Residence in Baltimore: No. 2511 N. Charles St.; 65 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year)

7-AGE: About 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Jacob H. Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto., Md.

12-MAIDEN NAME OF MOTHER Mary A. Sulger

13-BIRTHPLACE OF MOTHER (State or Country), Balto., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Henry Smith

(Address) 1428 Light St.

15-

Filed JUL 30 1916, 191.... REAR C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18th 1916, to July 28 1916, that I saw h.er alive on July 28 1916, and that death occurred, on the date stated above, at 2:10 p.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Irving Miller M. D.

July 29, 1916. (Address) 108 E. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, July 31, 1916.

20-UNDERTAKER H. & W. E. Flynn ADDRESS 1452 Light

B 96975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(96975)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 74 Hanover Market St. 21 WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Harris C

(Residence in Baltimore: No. 537 W. Cross St.; 30 yrs., ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single (Write the word.)

6-DATE OF BIRTH: Don't Know, ? (Month) (Day) (Year)

7-AGE: 52 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Calvert Co Md.

PARENTS.

10-NAME OF FATHER: James Harris C

11-BIRTHPLACE OF FATHER (State or Country): Calvert Co Md

12-MAIDEN NAME OF MOTHER: Maria Wallace C

13-BIRTHPLACE OF MOTHER (State or Country): Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Macky (Sister)

(Address) 537 W. Cross St.

15- JUL 31 1916 Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary): Probably Val. Disease of Heart,

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

July 31, 1916 (Address) 101 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL, July 31, 1916

20-UNDERTAKER: J. L. Brown & Son ADDRESS 108 W. Monument

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C96976

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96976

CERTIFICATE OF DEATH.

81

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2335 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Hicks

(Residence in Baltimore: No. 2325 Division St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 15 (Day), 1861 (Year)

7-AGE, 55 yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Cambridge Md

PARENTS.

10-NAME OF FATHER, James Nudge

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Bowman

(Address) 2343 Division St

15- JUL 31 1916 191 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 28 1916, that I saw h Er alive on July 28 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Primal Arterio Sclerosis

(Duration) 1 yr. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H S McCarl M. D.

July 29, 1916 (Address) 2005 Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ct — DATE OF BURIAL, July 31, 1916.

20-UNDERTAKER L. H. Brough's Son — ADDRESS, 108 W. Monument

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96977

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 Mc Henry ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Moran

(Residence in Baltimore: No. 740 Mc Henry St.; 49 yrs., — mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 20., 1867.
(Month) (Day) (Year)

7-AGE, 49 yrs. — mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Richard F. Moran

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lillian M Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian M. Moran

(Address) 740 Mc Henry St.

15- Filed JUL 31 1916, 191.... L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1916, to July 28 1916, that I saw h-alive on July 28 1916, and that death occurred, on the date stated above, at 5 50 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. 4 days mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ....yrs. Don't know mos. ....ds.

(Signed) Robt. E. Schmidt M. D.

July 28, 1916. (Address) 1313 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 31., 191.6

20-UNDERTAKER Robt Brooks & Son

ADDRESS 17. S. Calhoun St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C96978

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96978

CERTIFICATE OF DEATH.

D

x120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Broadus

(Residence in Baltimore: No.) Johns Hopkins Hospital St.; — yrs., — mos., 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 12 (Day), 1890 (Year)

7-AGE, 25 yrs. 8 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Walker Broadus

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Nancy Rollins

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Hardin

(Address) Johns Hopkins Hospital

15-

Filed JUL 31 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to July 28 1916, that I saw h alive on July 28 1916, and that death occurred, on the date stated above, at 9.27 p. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 3 ds.

(Signed) A. L. Bloomfield M. D.

July 28, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 711 Clinton Street

19-PLACE OF BURIAL OR REMOVAL, Bidwell Station Va DATE OF BURIAL, July 31, 1916

20-UNDERTAKER Mrs Robert A Talliaferro ADDRESS 506 Rogers Ave

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96979

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96979

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Chas. Steer

(Residence in Baltimore: No. 1525 N. Broadway St.; 40 yrs. 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 16 (Day), 1876 (Year)

7-AGE, 40 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Chas. Edw. Steer

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Rosella Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Steer

(Address) 1525 N. Broadway

15- Filed JUL 31 1916, 191... Registrar. Z

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1916, to July 30 1916, that I saw h[illegible] alive on July 30 1916, and that death occurred, on the date stated above, at 2:35 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation with Oedema & Ulcus

(Duration) yrs. mos. 2 ds.

(Signed) J. W. B. Lewis M. D.

7/30/1916 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 40 yrs. 3 mos. 12 ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 1525 N. Broadway

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL. Aug. 1st, 191...

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 E. Monument

Important. See instructions on back of certificate.

B 096980

HEALTH DEPARTMENT—CITY OF BALTIMORE

096980

CERTIFICATE OF DEATH.

154

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3308 Baltimore Av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert H Frey

(Residence in Baltimore: No. 3308 Baltimore Ave St.; 22 yrs., 6 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, January (Month) 6 (Day), 1894 (Year)

7-AGE, 22 yrs. 6 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chemist
(b) General nature of industry, business, or establishment in which employed (or employer): Balto Copper Works

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER: Arthur C Frey

11-BIRTHPLACE OF FATHER (State or Country): Manheim York Co Pa

12-MAIDEN NAME OF MOTHER: Mary C Leilich

13-BIRTHPLACE OF MOTHER (State or Country): Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur C. Frey

(Address) 3308 Baltimore Ave

15- Filed JUL 31 1916, 191.... L Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:*

Gun Shot Wound Abdomen (Suicide)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Ill health

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Whitehouse, M. D. (Coroner)

July 28, 1916 (Address) 914 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, July 31st, 1916.

20-UNDERTAKER, George Schilling & Sons — ADDRESS 1126 E Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96981

C96981

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2358 Wilkens Av ST. 70 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Agnes Morrissey

(Residence in Baltimore: No. 2358 Wilkens Av St.; ....yrs. 5 2 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 23, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 11 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Balthasar Becker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willard Morrissey

(Address) 2358 Wilkens Av

15-
Filed JUL 31 1916, 191.... L
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1914, to July 28 1916 that I saw h-e alive on July 28 1916 and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard W Jones M. D.

July 28, 191.6 (Address) Druid Lane

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Aug. 1 30, 191.6

20-UNDERTAKER Knell & Sons

ADDRESS 1129 W Pratt

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 096982 096982

105

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 So Front ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Einikis

(Residence in Baltimore: No. 35 So Front St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Infant

6-DATE OF BIRTH, April (Month) 25 (Day), 1914 (Year)

7-AGE, 2 yrs. 3 mos. 4 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Einikis

11-BIRTHPLACE OF FATHER (State or Country), Lithuania

12-MAIDEN NAME OF MOTHER Elizabeth Mankelata

13-BIRTHPLACE OF MOTHER (State or Country), Lithuania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Einikas

(Address) 35 So. Front St.

15-

Filed JUL 31 1916 191 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1916, to July 29 1916, that I saw h[illegible] alive on July 29 1916, and that death occurred, on the date stated above, at 10.15 a. m.

The CAUSE OF DEATH* was as follows:

Ulcer - colitis

3 weeks (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Chlora Infantum

History of Gonn (Duration) ... yrs. ... mos. ... ds.

(Signed) Jos. L. Valentine M. D.

July 30, 1916 (Address) 16 So. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus — DATE OF BURIAL, July 31, 1916.

20-UNDERTAKER John Grabliauskas — ADDRESS 500 S Paca St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96983 C96983

CERTIFICATE OF DEATH. 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Pepplen Ct ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Upshur

(Residence in Baltimore: No. 817 Pepplen Ct St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Mar 19, 1876 (Month) (Day) (Year)

7-AGE, 30 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Samuel Upshur

11-BIRTHPLACE OF FATHER (State or Country), Eastern Shore Md

12-MAIDEN NAME OF MOTHER Lizzie Shipley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Flennies

(Address) 65 Fenwick Street

15- JUL 31 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1916, to July 30 1916, that I saw h[illegible] alive on July 29 1916, and that death occurred, on the date stated above, at 3-50 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Bronchial

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) yrs. 1 mos. ds.

(Signed) C W Barker M. D.

July 3 1916 (Address) 1403 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 1st 16, 191...

20-UNDERTAKER Samuel F Shipley — ADDRESS 578 N Bridle

Important. See instructions on back of certificate. Cause of death and occupation is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96984 C96984

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Henson

(Residence in Baltimore: No. 834 Druid Hill Ave S. 39 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown, 18..
(Month) (Day) (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) Tolchester

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Robt Henson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Henson

(Address) 834 Druid Hill Ave

15- 2

Filed JUL 31 1916 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26 1916, to July 29 1916, that I saw h im alive on 7-29-1916, and that death occurred, on the date stated above, at 9.35 p. m.

The CAUSE OF DEATH* was as follows:

(a) Typhoid Fever

(Duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. 3 ds.

(Signed) [illegible] M. D.

July 29 1916. (Address) 5.57 W. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? Tolchester Md

Former or usual residence 834 Druid Hill Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, 8/1 1916

20-UNDERTAKER Samuel T Hensley

ADDRESS 578 W Biddle

Important. See instructions on back of certificate. Statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C96985 HEALTH DEPARTMENT—CITY OF BALTIMORE C96985

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Nelson

(Residence in Baltimore: No. 545 S. Lanvale St.; — yrs., — mos. — ds.)

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Valet
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry D Nelson

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Sarah J. Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Burtus J. Taggart

(Address) Mercy Hospital

15- JUL 31 1916 L

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1916, to July 29 1916, that I saw him alive on July 29 1916, and that death occurred, on the date stated above, at 5-45 p.m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma of Stomach
Exhaustion

(Duration)....yrs....mos. 6 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration)....yrs....mos. 6 ds.

(Signed) Geo. E. Gehring M. D.

July 31, 191. (Address) 1 W Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State 46 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 545 N Lanvale

Former or usual residence 545 N. Lanvale St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 8/2, 1916.

20-UNDERTAKER Samuel Greenberg — ADDRESS 578 N Eutaw

C96986

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96986

CERTIFICATE OF DEATH

119

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1531 Argyle Ave. ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. English.

(Residence in Baltimore: No. 1531 Argyle Ave. St. 14 yrs. 6 mos. ds.)

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Supply items of information should be carefully supplied. AGE should be stated EXACTLY.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH Unknown (Month) (Day), 1856 (Year)

7-AGE 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) On Farm

9-BIRTHPLACE (State or country) Texas Md

PARENTS

10-NAME OF FATHER Charles English

11-BIRTHPLACE OF FATHER (State or country) Texas Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary English.

(Address) 1531 Argyle Ave

15-JUL 31 1916

Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1916, to July 29 1916, that I saw h-im alive on July 28 1916, and that death occurred, on the date stated above, at 5-45 P m.

The CAUSE OF DEATH* was as follows:

Subacute Parenchymatous Nephritis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Subacute Parenchymatous Nephritis

(Duration) yrs. 6 mos. ds.

(Signed) Edw. V. Fitzgerald M. D.

July 31, 1916 (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 8/1, 1916

20-UNDERTAKER Sam'l S. Stanley ADDRESS 518 N. Eutaw St

Spec.--8-24-14--M. & T.--2000 Blks

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96987

152 C9648

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1342 N. North Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Abraham & Lizzie Welch

(Residence in Baltimore: No. 1342 W. North Ave St.; ..... yrs., ... mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, Or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 17, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, Abraham Welch

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lizzie Stern

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abraham Welch

(Address) 1342 W. North Ave

15-

Filed JUL 31 1916, 191 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 191 to, to July 31 1916, that I saw h[illegible] alive on July 31 1916, and that death occurred, on the date stated above, at 5 [illegible] m.

The CAUSE OF DEATH* was as follows:

.....

.....

Injury to Birth

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. F. Mehrens M. D.

July 31 191... (Address) 13 C3 W. North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1342 W. North Ave

19-PLACE OF BURIAL OR REMOVAL, Lehn Hebrew Rem

DATE OF BURIAL, July 31, 1916

20-UNDERTAKER S. Levinson & Bro

ADDRESS 1107 E Balto St

Important. See instructions on back of certificate. Entire statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C96988

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96988

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3153 Frederick Ave St. 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Opitz

(Residence in Baltimore: No. 3153 Frederick Ave St.; 76 yrs., — mos., — ds.)

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Aug. (Month) 19 (Day), 1839 (Year)

7-AGE, 76 yrs. 11 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Cigar
(b) General nature of industry, business, or establishment in which employed (or employer): Manufacturer

9-BIRTHPLACE, (State or Country), Bavaria, Germany

PARENTS.

10-NAME OF FATHER, John George Opitz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Opitz (Son)

(Address) 3153 Frederick Ave

15- JUL 31 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1916, to July 30 1916, that I saw him alive on July 30 1916, and that death occurred, on the date stated above, at 3-30 P. m.

The CAUSE OF DEATH* was as follows:

Enteric-Colitis

..... (Duration) ..yrs. ..mos. 27 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) Harry C. Ogle M. D.

July 30, 1916. (Address) 1203 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 3153 Frederick Ave

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Aug. 1, 1916.

20-UNDERTAKER Harry W. Ehlen

ADDRESS 1944 N. Howard St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96989 C96989

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Burgundy ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hoffman

(Residence in Baltimore: No. 1011 Burgundy St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March (Month) 25 (Day), 1847 (Year)

7-AGE, 69 yrs. 4 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, ? Dunkel

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph H. Hoffman

(Address) 624 W. Hamburg

15-

Filed JUL 31 1916, 191 Registrar. L

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1916, to July 30 1916, that I saw h[illegible] alive on July 30 1916, and that death occurred, on the date stated above, at 7 15 P m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. M. Driscoll M. D.

July 31, 1916 (Address) 621 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, 8/3, 1916

20-UNDERTAKER William Cook

ADDRESS 582 E North Ave

Important. See instructions on back of certificate. Any alteration or erasure renders this certificate void. Each statement of OCCUPATION is very

C96990

HEALTH DEPARTMENT--CITY OF BALTIMORE

C96990

CERTIFICATE OF DEATH

50

REGISTERED NO. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 943 Gorsuch Ave ST.: 9 WARD)

2-FULL NAME Mary J. Christopher

(Residence in Baltimore: No. 943 Gorsuch Ave. St.: — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month), 1833 (Day) (Year)

7-AGE: 83 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Co Md

PARENTS

10-NAME OF FATHER: Adam Eadman

11-BIRTHPLACE OF FATHER (State or country): Balto Co Md

12-MAIDEN NAME OF MOTHER: Catherine Houser

13-BIRTHPLACE OF MOTHER (State or country): Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Mering

(Address) 943 Gorsuch Ave

15- JUL 31 1916 Filed, -191 L REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 27½ (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28, 1915, to July 27, 1916, that I saw her alive on July 27, 1916, and that death occurred, on the date stated above, at 3.50 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. 9 mos. ds

Contributory (SECONDARY) Valvular Heart Trouble

(Duration) yrs. 9 mos. ds.

(Signed) Geo Barkman M. D.

July 28, 1916 (Address) 1117 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Hope — DATE OF BURIAL: July 31, 1916

20-UNDERTAKER: L. D. Friedfeld — ADDRESS: Baltimore Md

Spec.—8-24-14—M. & T.—2000 Bks.

C96991

Spec.—8-24-14—M. & T.—2000 Bks.

c96991

HEALTH DEPARTMENT—CITY OF BALTIMORE

c96991

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Mura ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Conniff

(Residence in Baltimore: No. 720 Mura St.; ..... yrs., 11 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 23 (Month) (Day), 1915 (Year)

7-AGE, ... yrs. 11 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Patrick Conniff

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Theresa McAvoy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patrick Conniff

(Address) 720 Mura St.

15-

Filed JUL 31 1916, 191.... Kirby L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1916, to July 29 1916, that I saw h[illegible] alive on [illegible] 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

From history + Examination
acute Entero Colitis + Sarcinal
ure at 9 PM was then in Collapse
Mother said was ill 2 days with
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Vomiting + diarrhoea

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

July 30, 1916 (Address) 110 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, July 31, 1916

20-UNDERTAKER H. C. Niedefeld ADDRESS 914 Gunsa Av

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

C96992 HEALTH DEPARTMENT—CITY OF BALTIMORE C96992

CERTIFICATE OF DEATH.

92 REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 877½ N Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Hall

(Residence in Baltimore: No. 877½ W Lombard St. Life yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 4 (Day), 1867 (Year)

7-AGE, 49 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or....mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Iron Moulder
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Edw. Hall

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hall

(Address) 877½ Lombard St.

15- JUL 31 1916 Filed..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1916, to July 29 1916, that I saw h[illegible] alive on July 28 1916, and that death occurred, on the date stated above, at 1 20 p.m.

The CAUSE OF DEATH* was as follows:

.....

.....

Tumor of brain

..... (Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) yrs. mos. 4 ds.

(Signed) Leonard C Brack M. D.

July 30, 1916 (Address) 1 E 21st St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State ..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL. Aug. 1st, 1916

20-UNDERTAKER Blazier W. & M. C. ADDRESS 709 Fred K. Ave.

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96993 — C96993 — 40

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 219 W. Lafayette Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Magick Robinson

(Residence in Baltimore: No. 219 W. Lafayette Avenue St.; 78 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 30th, 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Edwin Robinson

11-BIRTHPLACE OF FATHER (State or Country), South Kingston R.I.

12-MAIDEN NAME OF MOTHER Mary Corner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Winchester

(Address) 219 W. Lafayette Ave.

15- JUL 31 1916 Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1916, to July 30 1916, that I saw h er alive on July 30 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

.....

Carcinoma of Stomach

about

..... (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) yrs. mos. 1 ds.

(Signed) J. Frederick Luetz M. D.

July 30, 1916. (Address) 1040 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, 8-1-, 1916

20-UNDERTAKER Henry W. Jenkins & Sons Co — ADDRESS Orchard & McCulloh Sts.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C96994

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96994

CERTIFICATE OF DEATH.

81

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 N. Ann ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret P. Lilly

(Residence in Baltimore: No. 138 N. Ann St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, May (Month) 5 (Day), 1837 (Year)

7-AGE, 79 yrs. 2 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, William Peters

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Eliza Downs

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lorany Parker

(Address) 138 N. Broadway

15-

Filed JUL 31 1916, 191 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17 1916, to July 30 1916, that I saw her alive on " 29 1916, and that death occurred, on the date stated above, at 1:35 P.m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

Indigestion

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John T. Quicksall M. D.

July 30, 1916. (Address) 2112 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, July 1, 1916

20-UNDERTAKER Willard C. Fuller

ADDRESS 222 N Broadway

Important. See instructions on back of certificate.

C96995

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C96995

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 609 Dumbarton Ave St.; 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie R. Vohden

(Residence in Baltimore: No. 609 Dumbarton Ave St.; Louis. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept (Month) 4 (Day), 1857 (Year)

7 AGE: 58 yrs. 10 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): wife

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Patrick meehan

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Mooney

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel L Vohden

(Address) 609 Dumbarton Ave

15 Filed JUL 31 1916, 191 — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 29 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1916, to July 29 1916, that I saw h[illegible] alive on July 26, 1916, and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation.

Unknown

(Duration) yrs. mos. ds

Contributory (SECONDARY) Nephritis Calculi Acute attack July 7 1916

(Duration) yrs. mos. 20 ds.

(Signed) Thos Evans. M. D.

July 29, 1916 (Address) 502 Fawcett Avenue

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Aug 1, 1916

20 UNDERTAKER: Robt. J Turner — ADDRESS: 1472 N Broadway

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C96996

1 PLACE OF DEATH C96996 REGISTERED No. C .....

CITY OF BALTIMORE (No. 1008 N Castle St.: 7 WARD)

2 FULL NAME Edna Schmidt

(Residence in Baltimore: No. 1008 N Castle St.: ..... yrs. ..... mos. 2 ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July (Month) 29 (Day), 1916 (Year)

7 AGE: ..... yrs. ..... mos. 1 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto.

PARENTS

10 NAME OF FATHER: Jerome E Schmidt

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Sophia Hemmingsmark

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jerome Schmidt
(Address) 1008 N. Castle St

15 JUL 31 1916 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 30 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1916, to July 30 1916, that I saw h.er alive on July 30, 1916, and that death occurred, on the date stated above, at 9P m.
The CAUSE OF DEATH* was as follows:

Premature birth
Seven month Pregnancy

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter W White M. D.

July 31, 1916 (Address) 407 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Oak Hill Cemetery | DATE OF BURIAL: July 31 1916

20 UNDERTAKER: Henry Lutz | ADDRESS: 1007 N. Bond

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96997

C96997 43

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Shanley

(Residence in Baltimore: No. 436 Whitridge Ave ST.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Jan (Month) 2 (Day), 1868 (Year)

7-AGE,	If LESS than 1 day,
48 yrs. 6 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Typist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Cecil Md

PARENTS.

10-NAME OF FATHER, John Shanley

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Ann Trainor

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lanna

(Address) 436 Whitridge ave

15- Filed JUL 31 1916 HARRY C. ARE... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 19 1916, to July 30 1916, that I saw h[illegible] alive on July 30 1916, and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Toxemia - Cardiac dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

(Duration) 1 yrs. 6 mos. ds.

(Signed) Nielsen L Karsner M. D.

July 31, 1916. (Address) 25 Gor Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 436 Whitridge Ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, July 1, 1916

20-UNDERTAKER E L Fanning 1938

ADDRESS E Lafayette

important. See instructions on back of certificate.

---

589 Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96998 — 696998

CERTIFICATE OF DEATH.

87

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1401 Tusculum ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ollie V Dayhuff

(Residence in Baltimore: No. 1401 Tusculum St. St.; 14 yrs., 9 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: Col-

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Oct 11, 1901 (Month) (Day) (Year)

7-AGE, 14 yrs. 9 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER, George Hayhuff

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ella Crockett

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Hayhuff

(Address) 1401 Tusculum

15- Filed JUL 31 1916, 191.... HENRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1916 to July 29th 1916, that I saw her alive on July 29th 1916, and that death occurred, on the date stated above, at 1.05 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 26 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. W. Vandenberg M. D.

July 31, 1916 (Address) 2215 N. Monastery Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodville Va Northumberland Co Va

DATE OF BURIAL, ..., 191....

20-UNDERTAKER Jan. H. Shaw Inc

ADDRESS 1000 Madison

Directions in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C96999 C96999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED No. C

CITY OF BALTIMORE: (No. ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Morris

(Residence in Baltimore: No. St Vincents Infant Asylum St.; yrs., 8 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, wht.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct. 7, 1915, 1 15
(Month) (Day) (Year)

7-AGE, yrs. 9 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Uknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 401 Division St.

15- Filed JUL 31 1916, 191.....

HARRY C. [illegible]S
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to July 29 1916, that I saw h[illegible] alive on July 29 1916 and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) ....yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 5 ds.

(Signed) A. J. Powers M. D.

7/31, 1916 (Address) 2571 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 8 mos. 10 ds. In the State yrs. mos. 7 ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, July 31., 1916

20-UNDERTAKER M Fahey & Son ADDRESS 606 Lafayette Ave

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1093

B37000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B37000

REGISTERED No. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 111 E. York ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Booth

(Residence in Baltimore: No. Don't know St.; yrs. Don't know mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Don't know

6-DATE OF BIRTH, Don't know (Month), 1 (Day) (Year)

7-AGE	If LESS than 1 day,
50 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Marble worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Don't know

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country), Don't know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Otto M. Reinhardt

(Address) Coroner

15- Filed JUL 31 1916 191 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Val. Disease of Heart

(Duration) 2 yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

July 7, 1916. (Address) 1017 St. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
CEMETERY	JUL 3 1916
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97001

HEALTH DEPARTMENT—CITY OF BALTIMORE

169

C97001

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier 7 Light St Wharf ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Don't know St.: yrs. Don't know mos. ds.)

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	Colored	Don't know

6-DATE OF BIRTH, Don't know (Month) (Day) 1 (Year)

7-AGE, about 40 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Don't know
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Don't know

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country), Don't know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Otto M Reinhardt

(Address) Coroner

15- FILED JUL 31 1916, 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Ins death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs....mos....ds.

(Signed) Otto M Reinhardt M. D. (Coroner.)

July 24 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, HARRY T. ARCHER PUBLIC CEMETERY. DATE OF BURIAL JUL 31 1916, 19....

20-UNDERTAKER ADDRESS

B 7002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C 7002

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 134 Colvin ST.: 5 WARD)

REGISTERED No. C

2-FULL NAME Lana Johnson

(Residence in Baltimore: No. 134 Colvin St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, ~~Under~~ 45-yrs ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-

Filed JUL 31 1916, 191.. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Pulmonary tuberculosis

..... (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Ruby (Coroner.) M. D.

July 22, 1916 (Address) 1639 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL
City Hall Cemetery	JUL 31 1916, 19..
20-UNDERTAKER	ADDRESS

HARRY G. ARDUSER
Deputy Commissioner of Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97003 CERTIFICATE OF DEATH. X 28 C97003

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Faggio Veronica

(Residence in Baltimore: No. Bank Garabaldi St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Sngle

6-DATE OF BIRTH, ..., 1896.
(Month) (Day) (Year)

7-AGE, 20 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Anthony Faggio

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosa — —

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed JUL 31 1916 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to July 28 1916, that I saw h.. alive on July 28 1916, and that death occurred, on the date stated above, at 5.15 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

.....

.....

Chronic (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) Hamilton M. D.

July 28, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 14 ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? Italy

Former or usual residence Italy (Port Mouse)

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, JUL 31 1916, 191...

20-UNDERTAKER ADDRESS

Commissioner Health

Per. Wm. E. Woodall

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL LIBRARY UNIVERSITY OF MARYLAND.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97004

C97004

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Carrollton Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leslie Watts,

(Residence in Baltimore: No. 15 N Carrollton Ave St.; 10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 29, 1906
(Month) (Day) (Year)

7-AGE, 10 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Augustus A. Watts

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Bessie R. Heller

13-BIRTHPLACE OF MOTHER (State or Country), Hancock Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augustus A. Watts

(Address) 15 N. Carrollton Ave

15- Filed JUL 31 1916, 191. HARRY ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1916, to July 31. 1916, that I saw him alive on July 30 1916, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 1 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) yrs. mos. 1 ds.

(Signed) Gilbert D. Driscoll M. D.

July 31, 1916 (Address) 3137 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park DATE OF BURIAL, Aug 2, 1916.

20-UNDERTAKER C. W. Mitchell & Co ADDRESS 1201 W. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97005 C97005

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2656 Penna Ave St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elisha A Lewis

(Residence in Baltimore: No. 2656 Penna Av St.; ..... yrs., mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November (Month) 19 (Day), 1841. (Year)

7-AGE, 74 yrs. 8 mos. 12 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, I Bell

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T Willett

(Address) 2656 Penna Av

15- Filed JUL 31 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 31 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1916, to July 31 1916, that I saw her alive on July 30 1916, and that death occurred, on the date stated above, at 10.45 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Do not know

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute indigestion

..... (Duration) ..... yrs. ..... mos. 12 ds.

(Signed) A C Polk M. D.

July 31, 1916. (Address) 2038 Madison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Parkslay Va DATE OF BURIAL, Aug. 1, 1916.

20-UNDERTAKER Jos B Cook ADDRESS 1103 W. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97006 C97006

CERTIFICATE OF DEATH.

168

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Bal. Gen. Hospital St. 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ezra Dabalos

(Residence in Baltimore: No. 16 N. Hanover St.; 11 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May 30, 1884
(Month) (Day) (Year)

7-AGE, 32 yrs. 2 mos. 1 ds.

If LESS than 1 day, hrs. or min.? Injury

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engraver
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary

9-BIRTHPLACE, (State or Country), South America

PARENTS.

10-NAME OF FATHER, Pablo Dabalos

11-BIRTHPLACE OF FATHER (State or Country), S. Am.

12-MAIDEN NAME OF MOTHER Guilhou Lopez

13-BIRTHPLACE OF MOTHER (State or Country), S. Am

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Laura Davalos

(Address) 16 N. Hanover

15- JUL 31 1916 HARRY C. ANDREWS

Filed ....., 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Asphyxiation
Accident

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Fracture of Skull

(Duration) yrs. mos. ds.

(Signed) M. D.
(Coroner.)

July 31, 1916. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 11 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 16 N Hanover St

19-PLACE OF BURIAL OR REMOVAL, Hagerstown Md — DATE OF BURIAL, Aug. 1st. 1916

20-UNDERTAKER John C Moran — ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97007 C97007

CERTIFICATE OF DEATH.

REGISTERED NO. C 89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 Forest Park Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A Snyder

(Residence in Baltimore: No. 4006 Forest Park Ave St.; 20 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Female~~

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Feb 4th, 1831
(Month) (Day) (Year)

7-AGE 84 yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Frederick Md.

PARENTS.

10-NAME OF FATHER, James Mullen

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Matilda Monahan

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Snyder

(Address) 4006 Forest Park Ave

15- JUL 31 1916

Filed ....., 191.... HARRY C. [illegible] Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24th 1916, to July 30th 1916, that I saw h[illegible] alive on July 30th 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Acute)

(Duration) ....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary) Inflammation of Lungs

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D.

July 31st 1916. (Address) 1[illegible] Forest Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St John's Cemetery Frederick Md DATE OF BURIAL, August 1st, 1916

20-UNDERTAKER John A Moran ADDRESS Bank [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97008 28 97008

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dorman

(Residence in Baltimore: No. 2212 Boston St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH ..... Nov. (Month) 27 (Day), 1885 (Year)

7-AGE,	If LESS than 1 day,
30 yrs. 8 mos. 2 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Day

9-BIRTHPLACE, (State or Country) Balto md.

PARENTS.

10-NAME OF FATHER, Jas Dorman

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Mary Stucke

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Duffy

(Address) Johns Hopkins Hosp

15- Filed JUL 31 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25 1916, to July 31 1916, that I saw h alive on July 31 1916, and that death occurred, on the date stated above, at 5-45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tb

..... (Duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Carcinoma Hepatis.

..... (Duration) ..... yrs. — mos. ..... ds.

(Signed) C. R. Mason M. D.

31 VII., 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State 44 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 2212 Boston St.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Aug 2, 1916

20-UNDERTAKER E. Sanderson & Sons — ADDRESS 1710 Eut

IMPORTANT. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97009

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C97009

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 E. West. St.; 23 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Doulan

(Residence in Baltimore: No. 18 E. West. St.; yrs. 9 mos. 25 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct (Month) 6 (Day), 1915 (Year)

7-AGE, yrs. 9 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, Francis Doulan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Lamb.

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Doulan

(Address) 18 E. West.

15- AUG 1 - 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to July 30 1916, that I saw h[illegible] alive on July 30 1916, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Ex Inanition

(Duration) yrs. mos. 7 ds.

(Signed) Frank C. Ferguson M. D.

July 31, 1916 (Address) 1730 N. Chas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, Aug. 1, 1916

20-UNDERTAKER D. J. M. & J. Slyzen

ADDRESS 1453 Light

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 97010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 97010

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 844 Reinhardt St. 21 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna S. Wolf

(Residence in Baltimore: No. 844 Reinhardt St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July (Month) 29 (Day), 1874 (Year)

7 AGE: 42 yrs. mos. ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: John W. Hartlove

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Anna Reed

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank A. Wolf
(Address) 844 Reinhardt St.

15 AUG 1 - 1916
Filed ....., 191—
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 29 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 191 5, to July 29 1916,
that I saw h[illegible] alive on July 29, 1916,
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:

Intestinal hepatitis

(Duration) ..... yrs. 8 mos. ds

Contributory (SECONDARY) Mitral Stenosis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Thos. J. Hood M. D.
Aug 3, 1916 (Address) 72 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Aug 1, 1916

20 UNDERTAKER: Wm J. Tickner & Son — ADDRESS: 415 Camden

B 97011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 97011

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 844 Reinhardt St. 21 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank A. Wolf

(Residence in Baltimore: No. 844 Reinhardt St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec (Month) 25 (Day), 1870 (Year)

7 AGE: 45 yrs. mos. ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Wm J. Tickner & Son

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: John W. Hartlove

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Anna Reed

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thos. J. Hood
(Address) 72 E Eutaw

15 AUG 1 - 1916
Filed ....., 191—
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 29 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 191 5, to July 29 1916,
that I saw h[illegible] alive on July 29, 1916,
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:

Intestinal hepatitis

(Duration) ..... yrs. 8 mos. ds

Contributory (SECONDARY) Mitral Stenosis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Thos. J. Hood M. D.
Aug 3, 1916 (Address) 72 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Aug 1, 1916

20 UNDERTAKER: Wm J. Tickner & Son — ADDRESS: 415 Camden

C57011

HEALTH DEPARTMENT--CITY OF BALTIMORE

C57011

CERTIFICATE OF DEATH

40

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 316 Furrow St. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florian Bermel

(Residence in Baltimore: No. 316 Furrow St.: 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	White	Married

6-DATE OF BIRTH May (Month) 4 (Day), 1866 (Year)

7-AGE 50 yrs. 2 mos. 27 ds. — If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter (House)
(b) General nature of industry, business, or establishment in which employed (or employer): ~~Hungary~~

9-BIRTHPLACE (State or country): Hungary

PARENTS

10-NAME OF FATHER: Florian Bermel

11-BIRTHPLACE OF FATHER (State or country): Hungary

12-MAIDEN NAME OF MOTHER: Katherine Frehn

13-BIRTHPLACE OF MOTHER (State or country): Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rudolf Bermel

(Address) 316 Furrow St

15 Filed AUG 1 - 1916 L. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July (Month) 31 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1916, to July 31 1916, that I saw him alive on July 30, 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) — yrs. 4 mos. — ds

Contributory (SECONDARY) Cerebral Embolism Thr.,

(Duration) ..... yrs. ..... mos. ..... ds.,

(Signed) J. T. Ahern M. D.

July 31, 1916 (Address) 1042 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	8/2/16 .191

20-UNDERTAKER Bernard A Funk — ADDRESS 1208 Payson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

697012

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

697012

1 PLACE OF DEATH — REGISTERED No. C 91

CITY OF BALTIMORE (No. 748 S. Decker Ave ST.; 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edgar William Marker

(Residence in Baltimore: No. 748 S. Decker Ave St.; yrs. 11 mos. 28 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July (Month) 21 (Day), 1915 (Year)

7 AGE: yrs. 11 mos. 28 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Charles Goss Marker

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Augusta Myers

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles Goss Marker
(Address) 748 S. Decker Ave

15 AUG 1 - 1916
Filed ..... 191 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 29 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1916, to July 29 1916
that I saw h... alive on July 29, 1916
and that death occurred, on the date stated above, at 9:20 a.m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) H. L. Gilliard M. D.

July 2, 1916 (Address) 2100 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: Aug 1st, 1916

20 UNDERTAKER: Lilly & Zeller — ADDRESS: 403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8 24 14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97013 — 104 — 97013

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Pressman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel Turner

(Residence in Baltimore: No. 1519 Pressman ave St.; ....yrs., 3 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Infant

6-DATE OF BIRTH, April 11, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 1406 Ruggles ave

PARENTS.

10-NAME OF FATHER, John Turner.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Nannie Turner

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Turner

(Address) 1519 Pressman ave

15- AUG 1 - 1916 L

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17 1916, to July 30 1916, that I saw h er alive on July 24 1916, and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Geo N. Wright M. D.

July 31, 1916 (Address) 1209 Pressman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Aug. 1., 1916
20-UNDERTAKER James H. Dennis	ADDRESS 1303 Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

C97014

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C97014

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 616 Collett St ST.: 15 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Palmer

(Residence in Baltimore: No. 616 Collett St St.: 1 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	Colored	Single

6-DATE OF BIRTH ~~July~~ 15-T (Month) (Day), 1915 (Year)

7-AGE 1 yrs. mos. 16 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto

PARENTS

10-NAME OF FATHER Washington Palmer

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Martha Harris

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martha Harris

(Address) 616 Collett St

15 Filed AUG 1 - 1916, 191-

Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July (Month) 31 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1916, to July 31 1916, that I saw h— alive on July 31, 1916, and that death occurred, on the date stated above, at 11-55 A.M.

The CAUSE OF DEATH* was as follows:

Cerebro Hemorrhage

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. J. Kuder M. D.

July 31, 1916 (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Laurel cemetery

DATE OF BURIAL Aug 1st, 1916

20-UNDERTAKER Joseph A. Farrell

ADDRESS 2314 Division St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

99015

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 C97015

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 541 S. Paca St. WARD 22)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Armin.

(Residence in Baltimore: No. 541 S. Paca St. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July — (Month) (Day), 1862 (Year)

7-AGE: 54 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Russia.

PARENTS

10-NAME OF FATHER: Joseph Armin.

11-BIRTHPLACE OF FATHER (State or country): Russia.

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (State or country): Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Norbert Armin

(Address) 541 S. Paca St

AUG 1 - 1916

Filed 191

Z

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 31 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1916, to July 31, 1916, that I saw him alive on July 31, 1916, and that death occurred, on the date stated above, at 6 P. m. The CAUSE OF DEATH* was as follows:

Chronic Dilatation of Heart

(Duration) 5 yrs. — mos. — ds

Contributory (SECONDARY) Hydrothorax

(Duration) — yrs. — mos. 25 ds.

(Signed) Albert L. Chambers, M. D.

July 31, 1916 (Address) 1017 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Aug. 4, 1916

20-UNDERTAKER: John Grebliauckas

ADDRESS: 500 S. Paca St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C57016

HEALTH DEPARTMENT—CITY OF BALTIMORE

C57016

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 S Luzerne Ave ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Kazmierz Zakoscielny

(Residence in Baltimore: No. 801 S. Luzerne Ave St.; 4 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 16, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Antoni Zakoscielny

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ludwika Slaga

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antoni Zakoscielny

(Address) 801 S Luzerne Ave

15-

Filed AUG 1 - 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to July 30 1916,
that I saw h.. alive on July 30 1916,
and that death occurred, on the date stated above, at 4.30a m.

The CAUSE OF DEATH* was as follows:

Cutos Colitis

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Wm J Kraus M. D.

July 31, 1916. (Address) 1040 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Stanislaus Cem	Aug 1 191 6
20-UNDERTAKER	ADDRESS
Stephen J Fialkowski	1019 N Kenwood Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97017 — 97017 — 170

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE. (No.) Franklin Sq. Hosp. St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Frisch

(Residence in Baltimore: No. 1000 W Lexington St. St.; 57 yrs., 8 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

6-DATE OF BIRTH: November 15, 1858 (Month) (Day) (Year)

7-AGE: 57 yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Floor
(b) General nature of industry, business, or establishment in which employed (or employer): Lady

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Patrick Rafferty

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Dalton

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank C. Rafferty

(Address) 1000 W. Lexington St.

15- AUG 1 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: July 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1916, to July 31 1916, that I saw her alive on July 31 1916, and that death occurred, on the date stated above, at 10, m.

The CAUSE OF DEATH* was as follows:

1. Chronic Parenchymatous Nephritis

(Duration) 6 mos. 2 wks.

CONTRIBUTORY (Secondary): Uremia

(Duration) ... yrs. ... mos. 4 ... ds.

(Signed) Geo. T. Brady M. D.

7/31/ 191.6 (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State 57 yrs. 8 mos. 17 ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1000 W Lexington St.

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Aug 1, 1916.

20-UNDERTAKER: John Keown & Son ADDRESS: 901 Holliday

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C57018

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C57018

120

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 419 N. Paca ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry John Renner

(Residence in Baltimore: No. 419 N Paca St.: 43 yrs. 7 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Dec 24th, 1873 (Month) (Day) (Year)

7-AGE 43 yrs. 7 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto

PARENTS

10-NAME OF FATHER Theodor Renner

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Babra Neuberger

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred. A. Renner

(Address) 1709 Eutaw St

15-

Filed AUG 1 - 1916 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to July 31 1916, that I saw h[illegible] alive on July 31, 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 5 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Pericarditis

(Duration) one yrs. ..... mos. ..... ds.

(Signed) Joseph Hart M. D.

July 31 1916 (Address) 527 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery — DATE OF BURIAL May 2nd, 1916

20-UNDERTAKER Knull & Son — ADDRESS 1129 W Pratt st

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD

Spec—5-19-13—M. & T.—500 Blks.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D C57019 (57019)

1-PLACE OF DEATH 1726 West Lanvale St 45

CITY OF BALTIMORE: (No. ..... ST.; 16 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Jane Bradley

(Residence in Baltimore: No. 1726 West Lanvale St St.: ~ yrs., ' mos. 21 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, April 29th, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Kent County, Md

PARENTS.

10-NAME OF FATHER, Benedict B. Harris

11-BIRTHPLACE OF FATHER (State or Country) Delaware

12-MAIDEN NAME OF MOTHER Caroline Stanton

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane E. Jenkins

(Address) 1726 W. Lanvale St

15- AUG 1 - 1916 L

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31 st, 1916.
7th (Month) 31st (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8th 1916, to July 27th 1916, that I saw her alive on July 29th 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of the throat & the kidneys, bladder and rectum

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Sarcoma began in the throat

(Duration) yrs. mos. ds.

(Signed) A. T. Wooster M. D.

....., 191... (Address) 1925 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Shrewsbury Kent Co Md

DATE OF BURIAL, Aug 3, 1916.

20-UNDERTAKER Geo W Little

ADDRESS 531 N Fremont Av

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

97020

97020

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 N. Patterson Park Av ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Leibig

(Residence in Baltimore: No. 839 N. Patterson Park Av St.; 41 yrs. mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 15 (Day), 1875 (Year)

7-AGE, 41 yrs. mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Charles F. King

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Mary Steigerwald

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Rebhahn (Sister)

(Address) 1131 N. Milton Av

15-

Filed ....., 191.... Registrar.

AUG 1 - 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 1 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 24 191 6, to Aug 1- 191 6, that I saw h alive on July 31- 191 6, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) Fred Linton Wade M. D.

191... (Address) 1731 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, August 4, 1916

20-UNDERTAKER Henry Hosck Son

ADDRESS 130 E Eager St

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97021 C97021

CERTIFICATE OF DEATH.

REGISTERED NO. C 104

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Clitt

(Residence in Baltimore: No. 1526 N. Durham St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan (Month) 11 (Day), 16 (Year)

7-AGE, ..yrs. 6 mos. 21 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Clitt
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER Mary Summerman
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. Clitt Jr
(Address) Johns Hopkins Hosp

15-
AUG 1 - 1916
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1916, to Aug. 1, 1916, that I saw h[illegible] alive on Aug 1 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) K. F. Maxcy M. D.
Aug 1, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. Life mos. ....ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 1526 N. Durham St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. | DATE OF BURIAL, Aug 3., 1916.

20-UNDERTAKER Henry Hock's Son | ADDRESS 1316 E Eager St

Every item of information should be carefully supplied. AGE should be stated EXACTLY. If impossible, state it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97022

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97022

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97022

146

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospit St.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hart

(Residence in Baltimore: No. 1033 Stemwood Av St.; 1 yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. June (Month) 15 (Day) 1915 (Year)

7-AGE, 1 yrs. 1 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Hart

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Clinton

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Thomas Hart

(Address) 1033 Stemwood Av

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/30 1916, to 7/31 1916, that I saw h[illegible] alive on 7/31 1916, and that death occurred, on the date stated above, at 8:25 a. m.

The CAUSE OF DEATH* was as follows:

Acute Ascending Myelitis

of Right Extremities

..... (Duration) ....yrs. ....mos. 6 ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

7/31, 1916 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 1 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1033 Stemwood Av

Former or usual residence 1033 Stemwood Av

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery — DATE OF BURIAL August 2, 1916

20-UNDERTAKER Henry Hoeck Sons — ADDRESS 1301 E Eager St

AUG 1 - 1916

Entry of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97023

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C97023

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1014 Compton St. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Theresa B. Roll

(Residence in Baltimore: No. 1014 Compton St.; yrs. 1 mos. 5 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6 DATE OF BIRTH: June (Month) 27 (Day), 1916 (Year)

7 AGE: yrs. 1 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Charles Roll

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Theresa Kimmell

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Gunning Lee

(Address) 1014 Compton St

15 AUG 1 - 1916

Filed ....., 191.... 2

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1916, to Aug 1 1916, that I saw h[illegible] alive on July 30, 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Gastro Enteritis

(Duration) ..... yrs. ..... mos. 16 ds.

(Signed), C. K. Smith M. D.

Aug 1, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: 8/2, 1916.

20 UNDERTAKER: J. F. McCully

ADDRESS: 39 E. Fort Ave

C97024 HEALTH DEPARTMENT—CITY OF BALTIMORE C97024

CERTIFICATE OF DEATH.

REGISTERED NO. C 104

1-PLACE OF DEATH 541 N Paca St

CITY OF BALTIMORE (No. July 31—16 St. 17 WARD)

2-FULL NAME Mama. Lane

(Residence in Baltimore: No. 541 N. Paca St.; yrs., mos. 15 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

None

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, July 16, 1915
(Month) (Day) (Year)

7-AGE 1 yrs. mos. 15 ds. | If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Luther Smith

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Carolina Lane

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 541 N Paca

15-

AUG 1 - 1916

Filed ..... 191.. L

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cholera Infantum

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Intestinal Indigestion

(Duration) yrs. mos. ds.

(Signed) J. J. Miles M. D.
(Coroner)

Aug 1, 1916. (Address) 812 E. Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State None yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mount Auburn Cemetery | DATE OF BURIAL, August 1, 1916.

20-UNDERTAKER John H Todrin | ADDRESS 142 N Hill St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97025 C97025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5-41 N. Preston ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonetta Lumm

(Residence in Baltimore: No. 5-41 N Preston St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	Col	Single

6-DATE OF BIRTH, ... Oct. (Month) 17 (Day), 1915 (Year)

7-AGE, ... yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto., Md

PARENTS.

10-NAME OF FATHER, Harry Lumm

11-BIRTHPLACE OF FATHER (State or Country), Balto., Md

12-MAIDEN NAME OF MOTHER Minnie Ford

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother.

(Address) 5-41 N. Preston

15- AUG 1 - 1916
Filed ..... 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 31 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: (a) Cholera Infantum

..... (Duration) .....yrs.....mos. 7 ds.

CONTRIBUTORY (Secondary) Status lymphaticus

..... (Duration) .....yrs.....mos.....ds.

(Signed) ..... M. D.
(Coroner.)

Aug 1, 1916. (Address) 5-41 N. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?..... None

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn Cemetery	August 3, 1916
20-UNDERTAKER	ADDRESS
John H Toadvine	142 N Hill St

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

c97026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 29 c97026

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Penna Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Camaratta

(Residence in Baltimore: No. 1924 Penna Ave St.; ..... yrs., 3 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, ... Apr. (Month) 5 (Day) 1891 (Year)

7-AGE,	If LESS than 1 day,
25 yrs. 3 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoe
(b) General nature of industry, business, or establishment in which employed (or employer)..... Operator

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Charles Camaratta

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Theresa Cassio

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victoria Camaratta

(Address) 1928 Penna Ave.

15- AUG 1 - 1916 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 31 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 24 1916, to July 31 1916, that I saw h.m alive on July 31 1916, and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

..... Acute Pulmonary .....
..... Tuberculosis .....
..... (Duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) .....yrs. .....mos. .....ds.

(Signed) E. Wellesley Tilley M. D.
Aug 1, 1916 (Address) 1928 Penna Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Aug 3, 1916
20-UNDERTAKER	ADDRESS
Lewis Cook	1852 E. Fairmount

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97027 C97027

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 S East Ave ST.; 1 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise L Woodson

(Residence in Baltimore: No. 606 S East Ave St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 2nd, 1860 (Month) (Day) (Year)

7-AGE, 56 yrs. 6 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Conn Harryman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Long

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James L Woodson

(Address) 606 S East Ave

15-

Filed AUG 1 - 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31st, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2nd, 1915, to July 31st, 1916, that I saw her alive on July 29th 1916 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) yrs. mos. 20 ds.

(Signed) U S Hunt Dingwall M. D.

7/31, 1916 (Address) 1 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, Aug 2, 1916.

20-UNDERTAKER Lowe & Co

ADDRESS 505 E North

Spec.—8-24-14—M. & T.—2000 Bks.

C97028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Eastern Ave ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Kozlak.

(Residence in Baltimore: No. 1503 Eastern ave St.; ... yrs., 8 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 10 (Day), 1915 (Year)

7-AGE, ... yrs. 8 mos. 21 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wawrzeniec Kozlak

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Walerya Kozlowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland. Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Kozlak

(Address) 1503 Eastern

15-

Filed ..., 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1916, to Aug 1 1916, that I saw her alive on July 31 1916, and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) /

(Duration) ... yrs. ... mos. ... ds.

(Signed) John H. Rehlberger M. D.

Aug 1, 1916. (Address) 1709 Alice Anna St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, Aug 2, 1916

UNDERTAKER, William Gallagher ADDRESS 768 Easter

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97029 C97029

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Fountain ST.; 24 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Goldstrom

(Residence in Baltimore: No. 1413 Fountain St St.; ...yrs., 7 mos. 29 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 1 (Day), 1915 (Year)

7-AGE, ...yrs. 7 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jean Goldstrom

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah A Allen

(Address) 1413 Lindenwood St

15- AUG 1 - 1916

Filed....., 191.....

EARLY [illegible]

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 30 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to July 30 1916, that I saw him alive on July 29 1916, and that death occurred, on the date stated above, at 12.55 p. m.

The CAUSE OF DEATH* was as follows:

Interstitial Pneumonitis

(Duration) ...yrs. ...mos. 10 ds.

CONTRIBUTORY (Secondary)*

(Duration) ...yrs. ...mos. ...ds.

(Signed) Maurice Jones M. D.

July 30, 1916. (Address) 4234 Fountain Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill Cem

DATE OF BURIAL, Aug 1, 1916.

20-UNDERTAKER Jos. F. Lahey & Sons

ADDRESS 131 E Eighth

Spec.—8-24-14—M. & T.—2000 Bks.

C97030 C97030 104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 Gold ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Day

(Residence in Baltimore: No. 538 Gold St.; yrs. 5 mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	Single

6-DATE OF BIRTH, Feb 3 (Month) (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
yrs. 5 mos. 25 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, James Day

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Minerva Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minerva Lewis

(Address) 538 Gold St

15- AUG 1 - 1916

Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE ~~OF~~ DEATH, July (Month) 31st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30th 1916, to July 31st 1916, that I saw him alive on July 31st 1916, and that death occurred, on the date stated above, at 5:40 P. m.

The CAUSE OF DEATH* was as follows:

I. (a) Tetanus Infantum

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) Geo. T. Laubenbacher M. D.

July 31st, 1916 (Address) 2215 N. Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 1, 1916

20-UNDERTAKER James H Davis — ADDRESS 130 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C97031

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 E. Biddle St.; 10 Ward)

2-FULL NAME Ann Keenan

(Residence in Baltimore: No. 705 E. Biddle St.; 40 yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Sept. 20 (Month), 1854 (Day) (Year)

7-AGE. 61 yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Nurse
(b) General nature of industry, business, or establishment in which employed (or employer). Mrs.

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James McGovern

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah Lee

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Keenan

(Address) 705 E. Biddle

15- AUG 1 - 1916

Filed....., 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31 (Month) (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1 1916, to July 31 1916, that I saw h[illegible] alive on July 30 1916, and that death occurred, on the date stated above, at 7 45 m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast Probably Sarcoma

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Quantities

(Duration) yrs. 1 mos. ds.

(Signed) [illegible] M. D.

July 31 1916. (Address) 7 W. E. Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross DATE OF BURIAL, Aug 3 1916

20-UNDERTAKER H. C. Windfeld ADDRESS 911 Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97032

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 64 ST.; 16 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Spangler

(Residence in Baltimore: No. Little Sisters of the Poor St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, June (Month) 15, (Day) 1851 (Year)

7-AGE, 65 yrs. mos. 16 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Cincinnati Ohio

PARENTS.

10-NAME OF FATHER, George Spalding

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Mary Peterman

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- AUG 1 - 1916

Filed ....., 191.... Deputy Registrar.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 1st (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nevera 191, to 191, that I saw her alive on July 23 1916, and that death occurred, on the date stated above, at 3. a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [redacted] Coma

(Duration) yrs. mos. ds.

(Signed) F. A. Davis M. D.

July 1, 1916 (Address) 1134 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. mos. In the State 40 yrs. mos. ds.

Where was disease contracted if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Emmittsburg Md. DATE OF BURIAL, Aug. 3, 1916

20-UNDERTAKER H. C. Weidefeld ADDRESS 1st Greenmount Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97033

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97033 — CERTIFICATE OF DEATH. — X146 C97033

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aubrey Brown

(Residence in Baltimore: No. University Hosp St.; yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH, 8 (Month) 1 (Day) 1903 (Year)

7-AGE, 13 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country): Carroll County Md

PARENTS.

10-NAME OF FATHER: Joshua Brown

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Effie Gill

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas L. Brown

(Address) Westminster Md

15- AUG 1 - 1916 — Filed ....., 191..... Burial Permit Clerk / Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 1 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-31 1916, to 8-1 1916, that I saw him alive on 8-1 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Osteo-myelitis, L. Femur (Duration) yrs. 2 mos. ds.

, CONTRIBUTORY (Secondary) Septicemia (Duration) yrs. mos. 2 ds.

(Signed) H. McAllen M. D.

8-1, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. Life ds.

Where was disease contracted, if not at place of death? New Windsor Md

Former or usual residence New Windsor Md.

19-PLACE OF BURIAL OR REMOVAL: Westminster Md. — DATE OF BURIAL, 8-3, 1916.

20-UNDERTAKER Graham & Walker — ADDRESS 72 W Pratt

Spec.—8-24-14—M. & T.—2000 Bks. Ellenora Lucy Shamers

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks. Ellenora Lucy Shamers

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97034 C97034

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. H of Humans home St.; 20 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellenora Lucy Shamers

(Residence in Baltimore: No. H of Human's home St.; yrs., 2 mos. 1 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 30, 1914 (Month) (Day) (Year)

7-AGE, yrs. 2 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or Country) Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Wm Shamers

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Edith Faherty

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Shamers

(Address) H of Humans land

15- Filed AUG 1 1916 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1916, to July 31 1916, that I saw h[illegible] alive on July 31 1916, and that death occurred, on the date stated above, at 5 15 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis (acute)

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. B. Edwards M. D.

7.31, 191[illegible] (Address) 1533 Lombard Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 6 1 ds. In the State — yrs. — mos. 6 1 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence H of Humans home

19-PLACE OF BURIAL OR REMOVAL, Harry A. Wiltse — DATE OF BURIAL, Aug. 2, 1916.

20-UNDERTAKER, H. Marya Cemetery (Hamden) — ADDRESS 1531 W. Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C97035

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 E Fort Ave ST.; 24 WARD) REGISTERED NO. C

2-FULL NAME Bernard L. Lange

(Residence in Baltimore: No. 700 E Fort Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 27 yrs., 11 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 11, 1888
(Month) (Day) (Year)

7-AGE, 27 yrs. 11 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Brown Mfg. Shop

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Franz Lange

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Pauline Mertens

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth Lange

(Address) 700 E Fort Ave

15- AUG 2 - 1916 Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1915, to July 30 1916, that I saw h alive on July 30 1916, and that death occurred, on the date stated above, at 6:35 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma (Omitted)

(Duration) yrs. mos. ds.

(Signed) R. E. Campbell M. D.

July 1916 (Address) 164 E. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, Aug. 1, 1916

20-UNDERTAKER E & B Hale ADDRESS 115 E West St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97036 C97036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 N. Calvert ST.; 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Brown

(Residence in Baltimore: No. 910 N. Calvert St. St.: — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH. March 21, 1832 (Month) (Day) (Year)

7-AGE, 84 yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Edinburgh, Scotland

PARENTS.

10-NAME OF FATHER, John Maclachlan

11-BIRTHPLACE OF FATHER (State or Country), Perthshire Scot.

12-MAIDEN NAME OF MOTHER ~~Isabella~~ Eliza Steele

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth G. Brown

(Address) 910 N. Calvert St.

15- Filed AUG 2 - 1916 191.... L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1913, to June 31 1916, that I saw her alive on June 31 1916, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY. (Secondary) Uraemia Coma

(Duration) yrs. mos. ds.

(Signed) Robert C. Knapp M. D.

Aug. 1..., 191.6 (Address) 1216 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, 8-3-, 1916

20-UNDERTAKER H. W. Jenkins Sons Co ADDRESS Orchard Mc Culloh

Spec.—8-24-14—M. & T.—2000 Bks.

C97037

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97037

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital St., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George M. Bowers

(Residence in Baltimore: No. 862 Vine St St.; 19 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1897 (Year)

7-AGE, ... 19 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boot Black
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Maryland.

PARENTS.

10-NAME OF FATHER, Mackie Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rosa Helton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. M. McLean

(Address) Mercy Hosp.

15- AUG 2 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1916, to July 30 1916, that I saw h[illegible] alive on July 30 1916, and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Pleuro Pneumonia

..... (Duration) ..... yrs. 6 mos. 2 ds.

(Signed) Thos. R. Gahan M. D.

July 31 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 19 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 862 Vine St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Aug. 2 191[illegible].

20-UNDERTAKER John H Toadvine — ADDRESS Hazelhurst

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97038

45

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97038 C97038

CERTIFICATE OF DEATH.

145

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Baker St.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Washington

(Residence in Baltimore: No. 1736 Baker St.; 30 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Aug 20, 1867 (Month) (Day) (Year)

7-AGE, 48 yrs. 11 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private family

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William Mapp

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Jane Snead

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Roberts

(Address) 1736 Baker St

15- AUG 2 - 1916 L

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1916, to July 30 1916, that I saw h.. alive on July 29 1916, and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

.....

.....

Septicaemia

..... (Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) Ulcers of Leg-Negative

..... (Duration) ...yrs. 2 mos. ...ds.

(Signed) Wm. H. Magee M. D.

Aug. 31, 1916. (Address) 1209 Brookman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Roanoke Co

19-PLACE OF BURIAL OR REMOVAL, Onancock Va — DATE OF BURIAL, Aug. 3., 1916

20-UNDERTAKER John H Toadvine — ADDRESS 14 Austell St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97039

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97039

CERTIFICATE OF DEATH.

34

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Lehmieder

(Residence in Baltimore: No. 1616 E Baltimore St.; ....yrs. ....mos. 21 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Unknown (Month) (Day) 1872 (Year)

7-AGE.	If LESS than 1 day,
44 yrs. — mos. — da.	....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist Gen'l
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Louis

(Address) 1411 E Balto St

15-AUG 2 - 1916

Filed....., 191.... L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~July~~ Aug 1, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 15 1916, to Aug 1 1916, that I saw him alive on Aug 1 1916, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Metastatic tumor
(Probably Tuberculosis) (Duration) unknown yrs. mos. da.
Lumbar Gland

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. da.

(Signed) W. Houston Judson M. D.

Aug. 1, 1916 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 16 da. In the State unknown yrs. 21 mos. ....da.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1616 E. Baltimore.

19-PLACE OF BURIAL, OR REMOVAL. Workmen Circle Mt Carmel DATE OF BURIAL. 8/2, 1916

20-UNDERTAKER Jack Louis ADDRESS 1411 E Balt St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97040 97040

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Sargeant ST.: 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Smith

(Residence in Baltimore: No. 1216 Sargeant St.; — yrs., 2 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Mal	White	Single

6-DATE OF BIRTH, May (Month) 10 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
— yrs. 2 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm L Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Annie Bensey

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William L Smith

(Address) 1216 Sargeant St

15- AUG 2 - 1916

Filed....., 191.... L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to Aug 1st 1916, that I saw h— alive on July 31st 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) — yrs. — mos. 1 ds.

(Signed) Edw Sargent M. D.

Aug 1st, 1916 (Address) 517 Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Schwartz Cemetery	8/3, 1916
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97041

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97041

CERTIFICATE OF DEATH.

137

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Maryland Tel. Hospital St. 15 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilian E. Johnson

(Residence in Baltimore: No. 2002 North Payson St.; yrs., 27 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan. (Month) 24 (Day), 1889 (Year)

7-AGE, 27 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Forelady
(b) General nature of industry, business, or establishment in which employed (or employer): Factory

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harry F. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Emma Buchman

13-BIRTHPLACE OF MOTHER (State or Country) Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Emma B Johnson
(Address) 2002 N. Payson

15-AUG 2 - 1916
Filed ..... 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry), thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows: Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
(Coroner)
Aug 2, 1916. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. 16 ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence 2002 N. Payson

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery
DATE OF BURIAL, 8/3, 1916

20-UNDERTAKER William Cook
ADDRESS 502 E North Ave

Dr Wetherbee 819 N. Eutaw

C97042

HEALTH DEPARTMENT---CITY OF BALTIMORE

C97042

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1 Maryland Tel. Hospital St. 15 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Hall

(Residence in Baltimore: No. 1 Maryland Tel. Hospital St.; yrs., 1 mos. ds.)

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec. (Month) 25 (Day), 1838 (Year)

7-AGE, 77 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary Ann Hall
(Address) 1 Maryland Tel. Hospital

15-AUG 2 - 1916
Filed ..... 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry), thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows: Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
(Coroner)
Aug 2, 1916. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence 1 Maryland Tel. Hospital

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery
DATE OF BURIAL, 8/3, 1916

20-UNDERTAKER William Cook
ADDRESS 502 E North Ave

Dr Wetherbee 819 N. Eutaw

C97042

HEALTH DEPARTMENT---CITY OF BALTIMORE

C97042

CERTIFICATE OF DEATH

B 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 Mott St. 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hillman Wayman

(Residence in Baltimore: No. 427 Mott St. St.; 5 yrs. 14 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col.

5-SINGLE, ~~MARRIED~~ WIDOWED OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Feb (Month) 17 (Day) 1916 (Year)

7-AGE: 5 yrs. 1 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Hillman Wayman

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Hattie Leeson

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hattie Wayman

(Address) 427 Mott St.

15- Filed AUG 2 - 1916, 191 Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31, 1916, to July 31, 1916, that I saw h[illegible]ive on July 31, 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) 6 yrs. mos. ds.

Contributory (SECONDARY) .....

(Duration) yrs. mos. ds.

(Signed) [illegible] M.D.

Aug 1 1916 [Address] 936 Hanover

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: Aug 2, 1916

20-UNDERTAKER: Jas J. G. Locks

ADDRESS: 1302 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97043

CERTIFICATE OF DEATH.

29 C97043

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Hanover ST.; 23 WARD)

REGISTERED NO. C

2-FULL NAME Emil M. Wolf

(Residence in Baltimore: No. 1905 Hanover St.; Life yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): single

6-DATE OF BIRTH, Sept. (Month) 23 (Day), 1913 (Year)

7-AGE, 3 yrs. 10 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Emil M Wolf

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Annie K. Shechels

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil M. Wolf (+ father

(Address) 1905 Hanover St.

15- Filed AUG 2 - 1916 401 Registrar. L

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31st (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to July 31st 1916, that I saw him alive on July 30th 1916, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. 15 ds.

(Signed) F. Lang Taylor M. D.

July 31st 1916. (Address) 1308 Mt. Royal Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill. DATE OF BURIAL, Aug 3., 1916.

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS, 715 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97044 C97044 104

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S Dunham St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Deshields

(Residence in Baltimore: No. 307 S Dunham St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Dec 14 th, 1915
(Month) (Day) (Year)

7-AGE. ....yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charles Deshields

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Carrie Rinnbach

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Rinnbach

(Address) 307 S Dunham

15- AUG 2 - 1916 Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1916, to July 1 1916, that I saw h— alive on July 1 1916, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration).....yrs.....mos. 6 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) J. J. Wenlan M. D.

July 1, 1916. (Address) 160 Bradley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Aug 2, 1916
20-UNDERTAKER John A Moran	ADDRESS Bank Mount

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C97045 HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

C97045

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97045

CERTIFICATE OF DEATH.

76

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 19 WARD)
REGISTERED NO. C

Catherine Mathew

2-FULL NAME Catherine Mathew

(Residence in Baltimore: No. 404 S Calhoun St.; yrs. 9 mos. 29 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Sing

6-DATE OF BIRTH, October (Month) 2 (Day) 1913 (Year)

7-AGE, yrs. 9 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto md.

PARENTS.

10-NAME OF FATHER, Geo. Mathew

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rose Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) [illegible]
(Address) Johns Hopkins Hosp

15-
Filed AUG 3 - 1916, 191
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 28 191 6 to July 31 191 6, that I saw him alive on July 31 191 6, and that death occurred, on the date stated above, at 1 20 P. m.

The CAUSE OF DEATH* was as follows:
Septicemia
Otitis Media
(Duration) yrs. 2 weeks mos. ds.
CONTRIBUTORY (Secondary) Acute Interstitial Nephritis
(Duration) yrs. mos. 5 ds.

(Signed) Gilbert V. Rowe M. D.
July 31, 191 6 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 3 mos. 2 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	Aug 1, 191
20-UNDERTAKER John J Fields Sons	ADDRESS Lombard &

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

C97046 C97046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3727 Roland Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME S. Harvey Redding

(Residence in Baltimore: No. 3727 Roland Ave. St.; 35 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 2 (Day), 1871 (Year)

7-AGE, 45 yrs. 2 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Marble Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Redding

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Mary E. Miller

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. E. Redding

(Address) 1302 Morling Ave.

15- AUG 2 - 1916

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1916, to July 31 1916, that I saw h[illegible] alive on July 31 1916, and that death occurred, on the date stated above, at 10[illegible] P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of G Stomach
Peritonitis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. F. Ewing M. D.

8-1-, 191.6 (Address) 1302 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Aug 3., 1916.

20-UNDERTAKER Horace Burgee & Son — ADDRESS 3631 Falls Road

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C97047

HEALTH DEPARTMENT—CITY OF BALTIMORE

41 C97047

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Jefferson ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ann Horney.

(Residence in Baltimore: No. 2204 Jefferson St.) Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, November (Month) 29 (Day), 1838 (Year)

7-AGE,	If LESS than 1 day,
77 yrs. 8 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Robert Henry Wells

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co. Md.

12-MAIDEN NAME OF MOTHER Araminta Dawson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Max Horney

(Address) 2204 Jefferson St.

15-

Filed AUG 2 - 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27, 1916, to July 30 1916, that I saw her alive on July 29, 1916, and that death occurred, on the date stated above, at 12:17 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestine

Unknown (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) C. H. Whitman M. D.

Aug 1, 1916 (Address) 1711 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Woodlawn	Aug 2, 191...
20-UNDERTAKER	ADDRESS
H E Hughes	17 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97048

CERTIFICATE OF DEATH.

91 C97048

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N^th Streeper ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland N Jefferson

(Residence in Baltimore: No. 114 N^th Streeper St.; .....yrs., 7 mos. 19 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Dec. 12, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Meredith Jefferson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Edith V. Briley

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Meredith Jefferson

(Address) 114 N. Streeper

15-

AUG 2 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Augt 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1916, to Augt 1 1916, that I saw h^m alive on Augt 1 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (Duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary), Acute Cerebral Meningitis (Duration) .....yrs. .....mos. 1 ds.

(Signed) Adolph C. Eisenberg M. D.

Augt 2, 1916 (Address) 2201-03 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 2, 1916.

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Collington Ave & Orleans St Cemetery

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97049 64 C97049

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1214 North Wolfe ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. White

(Residence in Baltimore: No. 1214 North Wolfe St.: yrs., 64 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH. July (Month) 4 (Day), 1850 (Year)

7-AGE, 64 yrs. 28 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Master
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Brown

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cornelia White

(Address) 1214 North Wolfe Street

15- AUG 2 - 1916

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 2

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. K. Quinlan M. D.
(Coroner)

....., 191... (Address) 19 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, 8/4, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave.

Dr Insley 2938 E Baltimore Street

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97050

Spec.—8-24-14—M. & T.—2000 Bks.

C97050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C97050

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Broadway ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hinda Hehmann

(Residence in Baltimore: No. 25 N. Broadway St.; 4 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. (Month) Unknown, (Day) 1 (Year)

7-AGE, 75 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Mendel Katzenna

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bessie Katzenna

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Hinstein

(Address) 25 N. Broadway

15- AUG 2 - 1916 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Aug. (Day) 2nd, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to Aug 2nd 1916, that I saw h.er alive on Aug 1 2nd 1916, and that death occurred, on the date stated above, at 2.40 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) ...yrs. ...mos. 5 ds.

(Signed) M. J. H. Rehmann M. D.

....., 191... (Address) 1731 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 25 N Broadway

19-PLACE OF BURIAL OR REMOVAL, Loudon Woodlawn

DATE OF BURIAL, Aug 4, 191...

20-UNDERTAKER S. Kennon & Bro

ADDRESS 1107 E Baltimore St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97051

CERTIFICATE OF DEATH.

14 47 C97051

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Dyson

(Residence in Baltimore: No. 1606 Argyle Ave St.; 6 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 26 (Month) (Day), 1898 (Year)

7-AGE, 18 yrs. 3 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Work
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm. Dyson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mamie Barber

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Dyson

(Address) 1606 Argyle Ave

15- AUG 2 - 1916

Filed, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to Aug 2 1916, that I saw her alive on Aug 2 1916, and that death occurred, on the date stated above, at 2 4 m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart with pulmonary oedema,

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) acute Appendicitis (Duration) yrs. mos. 19 ds.

(Signed) C. C. Hobbs M. D.

Aug 2, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 1606 Argyle Ave.

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cem

DATE OF BURIAL, Aug 4 1916

20-UNDERTAKER Jno H. Cassell Son

ADDRESS Washington

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C97052 C97053

CERTIFICATE OF DEATH.

x 42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gracie Dykes

(Residence in Baltimore: No. Md. General Hospital St.; — yrs., — mos. 7 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Daniel Dykes

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lydia Walker

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Dykes

(Address) Middletown Md

15- AUG 2 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1916, to Aug 2, 1916, that I saw her alive on Aug 2, 1916, and that death occurred, on the date stated above, at 8.21 a.m.

The CAUSE OF DEATH* was as follows:

Dermoid Cyst of Left Ovary + Carcinoma engrafted with Menstruation uncertain (Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Surgical Shock (Duration) yrs. mos. 1 ds.

(Signed) Elmer Hammond M. D.

8-2-, 191.6 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Middletown Md

19-PLACE OF BURIAL OR REMOVAL, Middletown Md — DATE OF BURIAL, 8-7-16

20-UNDERTAKER E. Fitzpatrick — ADDRESS 2433 W North Ave

C97053

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

REGISTERED No. C 97053

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 419 N Gilmor St.: 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Dyson

(Residence in Baltimore: No. 419 N Gilmor St.: yrs. 7 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Infant

6-DATE OF BIRTH December 8th, 1915 (Month) (Day) (Year)

7-AGE yrs. 7 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Eugene Dyson

11-BIRTHPLACE OF FATHER (State or country) Balto md

12-MAIDEN NAME OF MOTHER Mary Ridgely

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Dyson

(Address) 419 N Gilmor.

15. Filed AUG 2 - 1916 191 L REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH August 1st, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21th, 1916, to July 31st 1916.

that I saw h[illegible] alive on July 31 1916

and that death occurred, on the date stated above, at 6 45 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 20 ds

Contributory (SECONDARY) Convulsions

(Duration) yrs. mos. ds.

(Signed) Bayden Cleary M. D.

Aug 1st, 1916 (Address) 404 N Payson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Aug 2 1916

20-UNDERTAKER Samuel L Weusley — ADDRESS 578 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C97054

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

C97054

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 West ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes E. C. Lewis

(Residence in Baltimore: No. 102 W. West St.; 1 yrs., 4 mos. 25 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March (Month) 7 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 4 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, George Lewis

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Theresa Zecker

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa Lewis

(Address) 1220 West St

15- AUG 2 - 1916 Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to Aug 1st 1916, that I saw h— alive on Aug 1st 1916, and that death occurred, on the date stated above, at 5:50 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. 7 mos. ....ds.

(Signed) Stephen Dixon M. D.

Aug 2nd, 191.. (Address) 1211 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	Aug. 3, 191.6.
20-UNDERTAKER	ADDRESS
D. J. M. J. Flynn	1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C97055

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97055

CERTIFICATE OF DEATH

B x104

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Caroline & Others ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hanus

(Residence in Baltimore: No. St Joseph Hospital St.; — yrs. — mos. 4 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 27, 1816 (Month) (Day) (Year)

7-AGE, 4 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Odenton Md.

PARENTS.

10-NAME OF FATHER, Joseph Hanus.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Emma Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Hanus

(Address) Odenton Md.

15- AUG 2 - 1916

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1916, to Aug 2 1916, that I saw h[illegible] alive on Aug 2 1916, and that death occurred, on the date stated above, at 1.00 A m.

The CAUSE OF DEATH* was as follows:

Bad kidneys Nephritis
Uremic Poisoning
Gastritis
(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Malaria
(Duration) yrs. mos. 14 ds.

(Signed) Henry G. Merkel M. D.

....., 191... (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State Life ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Odenton Md.

Former or usual residence Odenton Md.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug. 2., 1916

20-UNDERTAKER Frank A. Fink — ADDRESS 915 N. Gay St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97056

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

C97056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C97056

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Morelock

(Residence in Baltimore: No. Little Sisters of the Poor St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1 (Year)

7-AGE.	If LESS than 1 day,
about 75 yrs. ... mos. ... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edmar Wilson

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Betsey Dickauf

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedicta

(Address) Little Sisters of the Poor

15-

Filed AUG 2 - 1916, 191.....

D. J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 2nd (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191 ..., to ..... 191 ...,

that I saw her alive on July 23 1916,

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

Unknown (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Dropsy

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. L. Wayne M. D.

Aug 2, 1916. (Address) 1133 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. 1 mos. ... ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Md. DATE OF BURIAL, aug. 3, 1916

20-UNDERTAKER Graham & Walker ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97057 104 C97057

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 Columbia av ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine S. Frey

(Residence in Baltimore: No. 936 Columbia av St.; yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, March 20, 1912. (Month) (Day) (Year)

7-AGE, yrs. 4 mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James Frey

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Mary A Markey

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Frey

(Address) 936 Columbia av

15- 2

Filed AUG 2 - 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1916. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 20 1916, to August 1 1916, that I saw h[illegible] alive on July 21 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 5 1 ds.

CONTRIBUTORY (Secondary) Mal Nutrition

(Duration) yrs. mos. 5 ds.

(Signed) Stephen A. Draper M. D.

Aug 2, 1916 (Address) 1 W Columbia av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. dy.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Aug 2nd, 1916

20-UNDERTAKER John J Gowan & Son — ADDRESS 901 Collins

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97058

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97058

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH University Hospital REGISTERED NO. C [redacted]

CITY OF BALTIMORE: (No. ..... ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert F. Wilson

(Residence in Baltimore: No. 3038 Stafford St.; 12 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Unknown ..... (Month) ..... (Day), 1875 (Year)

7-AGE.	If LESS than 1 day,
41 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Geo. Wilson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER ada McGuire

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) by [illegible] Herbert F. Wilson

(Address) 3038 Stafford St

15-

Filed AUG 2 - 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July August (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to Aug. 1, 1916, that I saw him alive on Aug. 1, 1916, and that death occurred, on the date stated above, at 12.55 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Glomerular Nephritis

..... (Duration) unknown yrs. ..... mos. ..... ds.

(Signed) Hunt Clem M. D.

8/1, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... ds. In the State 12 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 3038 Stafford St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Norfolk, Va	Aug. 2, 1916

20-UNDERTAKER	ADDRESS
Graham F. Wacker	725 W. Fay

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97059

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

109

C97059

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 2212 Elsinor Av. St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Taylor

(Residence in Baltimore: No. 2212 Elsinor Ave St. 28 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Jan (Month) 16 (Day), 1852 (Year)

7-AGE: 64 yrs. 6 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Left Home Friendly
(b) General nature of industry, business, or establishment in which employed (or employer): Ins. Co

9-BIRTHPLACE (State or country): England

PARENTS

10-NAME OF FATHER: Thomas H Taylor

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Elizabeth Palmer

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Young Taylor

(Address) 2211 Elsenor Ave

15-Filed AUG 2 - 1916, 191-

Z

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 1, et- (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1, et- 1916, to Aug 1, et- 1916, that I saw him alive on Aug 1, et- 1916, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows: Acute Indigestion with Intestinal Obstruction

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Exhaustion & Heat

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) D. A. Waldraff M. D.

Aug 2nd, 1916 (Address) 202 E. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 4, 1916

20-UNDERTAKER: Jos B Cook

ADDRESS: 1013 Walbrook

Spec.—8-24-14—M. & ...—2000 Blks.

Spec.—8-24-14—M. 8: ...—2000 Blks.

C97060

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97060

CERTIFICATE OF DEATH.

63

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles R. Hill

(Residence in Baltimore: No. 1823 N. Payson St. St.; 44 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, February 28, 1867.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
49 yrs. 5 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, John Hill

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Mary Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp.

15-
Filed AUG 2 - 1916, 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1916, to July 31 1916, that I saw h[illegible]live on July 31 1916, and that death occurred, on the date stated above, at 1.25 p. m.

The CAUSE OF DEATH* was as follows:

Tumor of Spinal Cord
(Sarcoma)
(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Operation
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. K. Rhodes. M. D.

July 31, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State 44 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1823 N. Payson St.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, Aug. 3, 1916.

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 Mad. St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97061 C97061

CERTIFICATE OF DEATH.

105

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Ottenbein ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Howard

(Residence in Baltimore: No. 516 Ottenbein St.; 15 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Nov (Month) 2 (Day), 1846 (Year)

7-AGE, 69 yrs. 8 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Indiana

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Reuben Dorsch

(Address) 516 Ottenbein

15- AUG 2 - 1916 L.

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1916, to July 31 1916, that I saw her alive on July 31st 1916, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Cancer

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Ellen Compton M. D.

Aug 1st, 1916 (Address) 516 Ottenbein St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet

DATE OF BURIAL, Aug 3, 1916

20-UNDERTAKER Jos B Cook

ADDRESS 1003 W Baltimore St

C97062

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 C97062

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hahnemann General 116 ST.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Veron C. Gourley

(Residence in Baltimore: No. 415 N Calhoun St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Dec 28, 1851 (Month) (Day) (Year)

7-AGE: 64 yrs. 7 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: George Gourley

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Elizabeth Thomas

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Stuart Gourley

(Address) 415 N. Calhoun St

15-AUG 2 - 1916 Filed ....., 191.....

HARRY C. ARDELLS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 1st, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29th, 1916, to Aug 1 1916, that I saw h[illegible] alive on July 31st 1916, and that death occurred, on the date stated above, at 5.15 A m.

The CAUSE OF DEATH* was as follows:

I Pneumonia

..... (Duration) ..... yrs. 7 mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Z. Jobes M. D.

Aug 1, 1916. (Address) 1235 N. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. 2 ds. In the State 64 yrs. 7 mos. 3 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 415 N Calhoun St.

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Aug. 3, 1916

20-UNDERTAKER: George J. Smith — ADDRESS: [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PEARL—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

697063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1

REGISTERED NO. C 97063

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin E of 45 ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Smith

(Residence in Baltimore: No. 601 S. Payson St.: 27 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1871 (Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Hess

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Smith

(Address) 601 S. Payson St

15- Aug 2 Filed ..., 1916

HARRY C. ANDREWS Burial Permit Clerk Registrar.

(in Aug 3 mail)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to Aug 2 1916, that I saw her alive on Aug 2 1916, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. A. Gerry M. D.

Aug 2, 1916 (Address) Franklin & Payson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 27 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 601 S Payson

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, AUG 5 1916

20-UNDERTAKER Geo. A. Gerry

ADDRESS Balto & Payson

Spec.—8-24-14—M. & T.—2000 Bks.

C97064 C97064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Frankline Sq. Hos. ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna E. Zaiser

(Residence in Baltimore: No. 213. S. Pulaski St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, November 22., 1870
(Month) (Day) (Year)

7-AGE, 45 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Roethlingshofer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Herman Zaiser

(Address)... 213 S. Pulaski St.

15- AUG 2 - 1916 Filed..... 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1916, to July 31 1916, that I saw her alive on July 31 1916, and that death occurred, on the date stated above, at 11 a, m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right Kidney

(Duration)..... yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration)..... yrs. mos. 2 ds.

(Signed) Wm. H. Barr M. D.

July 31, 1916 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State 28 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home.

Former or usual residence 213. S. Pulaski St.

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Aug. 3., 1916

20-UNDERTAKER Geo. L. Schwab & Bro — ADDRESS 2101 Eutaw Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97065

C97065

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 842 S. East Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C. Pabst

(Residence in Baltimore: No. 842 S. East ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 12, 1868 (Month) (Day) (Year)

7-AGE, 48 yrs. 6 mos. 19 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stock Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Metals

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, George Pabst

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Mock

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine E. Pabst

(Address) 842 S. East ave

15- AUG 2 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 1, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15th 1916, to Aug 1. 1916, that I saw him alive on July 31. 1916, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about (Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) David W. Jones M. D.

Aug 2nd, 191.6 (Address) 5116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oaklawn Cemetery

DATE OF BURIAL, Aug. 5, 191.6

20-UNDERTAKER Zinkler & Zinkler

ADDRESS 1739 E. Eager St.

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97066 C97066

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. 405 ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion York

(Residence in Baltimore: No. Woodbury Md 3723 Falls Road St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widow

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 70 about yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housekeeper (b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Cheltenham Md

PARENTS.

10-NAME OF FATHER: John R. Ford

11-BIRTHPLACE OF FATHER (State or Country): Cheltenham Md

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Edward Ford

(Address): 3723 Railroad Woodbury

15 AUG 2 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1916, to Aug 1 1916, that I saw her alive on Aug 1 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. J. Shaw M. D.

Aug 1, 1916. (Address) Woodbury Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence Woodbury Md 3723 Railroad

19-PLACE OF BURIAL OR REMOVAL, Bengies Md

DATE OF BURIAL, Aug. 3., 191.6

20-UNDERTAKER Robt Brooks & Son

ADDRESS Calhoun & Hollins

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97067 C97067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 48

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1801 E. Biddle St.; 8 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Glenn

(Residence in Baltimore: No. 1801 E. Biddle St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct. 29, 1853 (Month) (Day) (Year)

7-AGE, 62 yrs. 9 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, John J. Washburn

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Mary Smarier

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. Murray

(Address) 1801 E. Biddle

15- AUG 2 - 1916 AUG 2 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH August 1, 1916. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 4, 1916, to August 1, 1916, that I saw her alive on August 1, 1916, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Rheumatoid arthritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute bronchitis

(Duration) 1 yrs. mos. 7 ds.

(Signed) Lee Magruder M. D.

Aug. 1, 1916 (Address) 1206 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Chicago Illinois

DATE OF BURIAL. Aug. 3, 1916

20-UNDERTAKER Henry Lutz

ADDRESS 1007 N. Bond

N.B.—Every item must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97068

CERTIFICATE OF DEATH.

720

C97068

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Goodman

(Residence in Baltimore: No. Mercy Hospital St.; — yrs., — mos. 51 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male.

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1877 (Year)

7-AGE, 39 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

PARENTS.

9-BIRTHPLACE, (State or Country), Russia

10-NAME OF FATHER, Lazar Goodman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lena —

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theodore Norman

(Address) Mercy Hospital

15- AUG 2 - 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11, 1916, to Aug 2 1916, that I saw him alive on Aug 2 1916, and that death occurred, on the date stated above, at 4 3/4 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

about (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

about (Duration) 6 yrs. 6 mos. ds.

(Signed) Theo. Norman M. D.

Aug 2, 191 6 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. mos 12 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence Washington D.C.

19-PLACE OF BURIAL OR REMOVAL, Mehrer Rosedale

DATE OF BURIAL, 8 3, 191 6

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balt

P.S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C97069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C97069

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 West ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian M Wahl.

(Residence in Baltimore: No. 505 West St.)

(If less than 1 day, ... hrs. ... min.) (If less than 1 year, ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOW OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. (Month) 2 (Day) 1915 (Year)

7-AGE, ... yrs. 9 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) NONE.

9-BIRTHPLACE, (State or Country), Baltimore Maryland.

PARENTS.

10-NAME OF FATHER, Edw. E. Wahl.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Maryland.

12-MAIDEN NAME OF MOTHER Lillian M Stratum

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian M. Wahl

(Address) 505 W. West St.

15-

AUG 2 - 1916

Filed ..., 191... HARRY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to Aug 2 1916; that I saw h[illegible] alive on Aug 2 1916., and that death occurred, on the date stated above, at 2 15 pm m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) ... yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. G. Thiemicke M. D.

Aug 2, 1916 (Address) 682 Pulaski Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn Cem.

DATE OF BURIAL. Aug. 3rd, 1916

20-UNDERTAKER C. Schloman & Son

ADDRESS 1039 Hanover St

R. D. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97070

CERTIFICATE OF DEATH.

43

C97070

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 N. Fulton Av ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Rogan

(Residence in Baltimore: No. 720 N Fulton Ave St.) 75 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, John McConnell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Rose Keane

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Rogan

(Address) 720 N. Fulton Ave

15-

Filed AUG 2 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 1, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 1916, to Aug 1 1916, that I saw h[er] alive on July 31 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Recurrent Carcinoma of

Breast Lung Metastasis (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Kirby M. D.

Aug 2 1916 (Address) 110 E Mt Vernon Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem

DATE OF BURIAL, Aug 23, 1916

20-UNDERTAKER John J Kelly Sons

ADDRESS 318 Light St

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97074 C97074

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 N Chester ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Birmingham

(Residence in Baltimore: No. 936 N Chester St. 57 yrs., mos. 3 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 27 (Day), 1864 (Year)

7-AGE, 52 yrs. 3 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Reed

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Josephine Upton

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis J. Birmingham

(Address) 936 N. Chester St

15- AUG 2 - 1916 HARRY C. ANDREWS

Filed ..... 191 ..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1916, to July 30 1916, that I saw her alive on July 30 1916, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. L. Hosmer M. D.

July 31 191.6 (Address) 1301 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Aug 3, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

U. S. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97022 — 104 — C 97022

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1929 E. Fairmount Ave. St., 6 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ladau Edomell,

(Residence in Baltimore: No. 1929 Fairmount ave St.: yrs., 5 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.)
Mal	wht	Bach

6-DATE OF BIRTH, Feb 23 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 9 ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Laurence Edomell

11-BIRTHPLACE OF FATHER (State or Country), Balto,

12-MAIDEN NAME OF MOTHER Mertie Carlin

13-BIRTHPLACE OF MOTHER (State or Country), Balto,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs E Corn
(Address) 1925 Fairmount ave

15- Filed AUG 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H R Yingling M. D.
(Coroner)
191... (Address) 1925 E Fairmount ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetary
DATE OF BURIAL, Aug 3, 1916

20-UNDERTAKER Christian Miller
ADDRESS 253 S Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97073 C97073

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 S Broadway St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Full Name~~ Phillip Fannie Fineglass

(Residence in Baltimore: No. 710 S. Broadway St.; ...yrs., ...mos... ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 2, 1916 (Month) (Day) (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, ...hrs. or 1 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work... single
(b) General nature of industry, business, or establishment in which employed (or employer)...

9-BIRTHPLACE, (State or Country), 710 S. Broadway

PARENTS.

10-NAME OF FATHER, Phillip Fineglass

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Fannie Fineglass

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Balto 21

15- AUG 3 - 1916 Filed ...491... Registrar. 2

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1916, to Aug 2 1916, that I saw h— alive on ... 191 , and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Asphyxiation due to Breech Presentation

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)...

(Duration)...yrs...mos...ds.

(Signed) Nathan Holzgott M. D.

Aug 2, 191 (Address) 251 E. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Hebrew Union Cem

DATE OF BURIAL, 8—3—, 191 6

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

N.B.—Each question in this form is to be carefully answered. If any question does not apply, state the reason why.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97074

CERTIFICATE OF DEATH

C97074

1-PLACE OF DEATH U.S. Marine Hosp 28

CITY OF BALTIMORE: (No. U.S. Marine Hosp St.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Septimus Wright

(Residence in Baltimore: No. U.S. Marine Hosp St.; yrs., 2 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 28 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Jamaica

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fr. Clarence Bright

(Address) 1429 Orchard St

15- Filed AUG 3 - 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1916, to Aug 2 1916, that I saw h[illegible] alive on Aug 1 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration Yrs. Mos. Ds.

CONTRIBUTORY (Secondary)

Duration Yrs. Mos. Ds.

(Signed) W. H. Schmuck M. D.

Aug 3, 1916 (Address) U.S. Marine Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State yrs. 2 mos. ds.

Where was disease contracted, if not at place of death? On Ship

Former or usual residence Jamaica

19-PLACE OF BURIAL OR REMOVAL, Mt Repose — DATE OF BURIAL, Aug 3, 1916

20-UNDERTAKER Thos F Cowan & Son — ADDRESS 90 Hollins St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97075 154 C97075

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 S. Carey ST.: 19 (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Stutt

(Residence in Baltimore: No. 38 S. Carey st St.: 70 yrs. 7 0 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 2 (Month) (Day), 18.46 (Year)

7-AGE, 70 yrs. 1 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Retired
(b) General nature of industry, business, or establishment in which employed (or employer), Policeman

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John. Stutt.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Delia Smith

(Address) 38 S Carey St

15- Filed AUG 3 - 1916, 191.... L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to Aug 2 1916, that I saw him alive on Aug 1 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Intussusception of age (Duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Asthma (Duration) yrs. 1 mos. ds.

(Signed) Edw. Lazenby M. D.

Aug 2, 1916 (Address) 1302 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Aug 4th, 1916.

20-UNDERTAKER John Leavell Son ADDRESS 901 Hollins St.

B 097076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C 097076

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 304 Little Rock) ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Fraund.

(Residence in Baltimore: No. 304 Little Rock St St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	widowed

6-DATE OF BIRTH, May (Month) 16, (Day) 1861 (Year)

7-AGE, 55 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bellmion

PARENTS.

10-NAME OF FATHER, Charles Fraund.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George F. Fraund.

(Address) 413 Kate ave

15- AUG 3 - 1916

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 1, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) H. E. Smith, M. D. (Coroner)

Aug 2, 1916 (Address) 920 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Aug 1, 1916
20-UNDERTAKER John J Hanan & Son	ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

97077

HEALTH DEPARTMENT—CITY OF BALTIMORE

97077

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hannomonin Hospital St.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Dieter

(Residence in Baltimore: No. 213 N. Carrollton Ave

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 3, 1890
(Month) (Day) (Year)

7-AGE, 26 yrs. 4 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Moving Picture actor.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, George Dieter

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Sears

(Address) 1411 E. Balto

15-

AUG 3 - 1916

Filed ....., —191....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of Skull

Accident 6 hours
(Duration) yrs. mos. ds.

(Fall on head)
Jumping from Automobile
CONTRIBUTORY (Secondary) Immediate
(Duration) yrs. mos. ds.

(Signed) H. Millstein M. D.
(Coroner.)

Aug 2, 1916 (Address) 819 S Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds. Chas

Where was disease contracted, if not at place of death? At Moving Picture Show

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run

DATE OF BURIAL, 8-3-, 1916

20-UNDERTAKER Jack Sears

ADDRESS 1411 E. Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C97078 C97078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 N. Chapel ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Hilzbacher

(Residence in Baltimore: No. 1601 N. Chapel St.; 66 yrs., — mos., — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Not Known, (Month) ....., 1 (Day) ..... (Year)

7-AGE, abt. 66 yrs. ... mos. ... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Augustus Hilzbacher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Augustus G. Hilzbacher

(Address) 1601 N. Chapel St.

15-

AUG 3 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 27 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to Aug 27 1916, that I saw h[er] alive on Aug 27 1916, and that death occurred, on the date stated above, at 12:5 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Pancreatitis

(Duration) ... yrs. 1½ mos. ... ds.

CONTRIBUTORY (Secondary) Hypostasis

(Duration) ... yrs. ... mos. 2 ... ds.

(Signed) Ernest E. Hillman M. D.

Aug 28, 1916 (Address) 1914 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug 4th, 1916

20-UNDERTAKER Henry Hoerle Son

ADDRESS 1301 E. Eager St.

Spec.--8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97079

CERTIFICATE OF DEATH.

151

C97079

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Schober

(Residence in Baltimore: No. 2037 Robb St.; ....yrs.,....mos.....ds.) 5 Mins

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 2nd, 1916
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Peter Schober

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Mary M. Kraus

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 2037 Robb St

15-

Filed AUG 3 - 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1916, to Aug 2 1916, that I saw him alive on Aug 2 1916, and that death occurred, on the date stated above, at 2.15 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity
(4 months)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) H. L. Richards M. D.

....., 191... (Address) City Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Aug 3, 1916

20-UNDERTAKER Henry Hoeck & Son

ADDRESS 1301 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97080 C97080

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 602 Wayne Av ST.; 22 WARD) REGISTERED NO. C [redacted]

2-FULL NAME Ellen Adams

(Residence in Baltimore: No. 602 Wayne Av St.; ....yrs.,....mos.....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colloid

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 63 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE, (State or Country), Prince George Co Md

PARENTS.

10-NAME OF FATHER, John Queen

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Adams

(Address) 611 Wayne St

15-

AUG 3 - 1916

Filed ....., 191.... 7 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to August 2 1916, that I saw h[redacted] alive on August 2 1916, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

Acute

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Acute

(Duration) ....yrs. ....mos. 18 ds.

(Signed) Bright's Disease M. D.

August 2, 1916 (Address) Dr. G. W. Emmart

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Annapolis Md

DATE OF BURIAL, August 4, 1916

20-UNDERTAKER Geo H Hooper

ADDRESS 609 Litt Rock

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+74 C97081

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. H. Linthicum.

(Residence in Baltimore: No. 3808 Montgomery Ave St.; 41 yrs., ... mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 1 (Day), 1875 (Year)

7-AGE, 41 yrs. ..... mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Engraver
(b) General nature of industry, business, or establishment in which employed (or employer). Inside work

9-BIRTHPLACE, (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER, Wm. H. Linthicum

11-BIRTHPLACE OF FATHER (State or Country). A.A.Co. Md.

12-MAIDEN NAME OF MOTHER Ellen E. Fowler

13-BIRTHPLACE OF MOTHER (State or Country). A.A. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Linthicum

(Address) 11 E. Fayette St

15-

Filed AUG 3 - 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 2 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 28- 1916, to Aug 2 1916, that I saw him alive on Aug. 2, 1916, and that death occurred, on the date stated above, at 12:45 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral tumor

(Duration) 3 weeks at least yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Myocardial Dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. B. Levin M. D.

8/2/, 191.6 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State 41 yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 3808 Montgomery ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Aug. 3, 1916

20-UNDERTAKER Josiah Sykes ADDRESS 1606 N. North ave

C97082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 97082

CITY OF BALTIMORE (No. 11 S. Ellwood av ST.: 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar Mathaney

(Residence in Baltimore: No. 11 S. Ellwood av St.: yrs. 8 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov 18, 1915 (Month) (Day) (Year)

7-AGE: yrs. 8 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Hugh Mathaney

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Cora A Leonard

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hugh Mathaney

(Address) 11 S. Ellwood Av

15. AUG 3 - 1916

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 2, 191 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1916, to Aug 2 1916
that I saw him alive on Aug 2 1916
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:
Enteroa Colonitis

(Duration) — yrs. ..... mos. 4 ds

Contributory (SECONDARY) Pneumonitis

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) G. G. Brack M. D.

Aug 3, 191 6 (Address) 1002 E. Balt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel

DATE OF BURIAL: Aug 4, 191 6

20-UNDERTAKER: Chas. E. Franck

ADDRESS: 802 Madison Av

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97083

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97083

1 PLACE OF DEATH Shelter for Aged Colored Women REGISTERED NO. C

CITY OF BALTIMORE (No. 517 W. Biddle St. St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Alice Edwards

(Residence in Baltimore: No. 517 W. Biddle St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH Unknown (Month) (Day), 1849 (Year)

7 AGE 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Balto Md

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (State or country) Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss. Wharton Matron
(Address) 517 W. Biddle St.

15 AUG 3 - 1916 Filed ..., 191 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 2, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June, 1916 to Aug 1 1916
that I saw h[illegible] alive on Aug 1, 1916
and that death occurred on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 2 mos. — ds

Contributory (SECONDARY) Acute Enteritis

(Duration) yrs. — mos. 6 ds.

(Signed) John R. Heuisington M. D.
Aug 3, 1916 (Address) 1316 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death 5 yrs. — mos. 7 ds. In the State of Md Life yrs. 1 mos. 11½ ds.
Where was disease contracted? If not at place of death? Shelter for Aged Colored Women
Former or usual residence Shelter for Aged Colored Women

19 PLACE OF BURIAL OR REMOVAL Laurel Cem. DATE OF BURIAL Aug 3, 1916

20 UNDERTAKER Chas. E. Fraver ADDRESS 802 Madison Ave

Spec.—8-24-14—M. & T.—2000 Bks

Spec.—8-24-14—M. & T.—2000 Bks.

C97084

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97084

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1362 N Fremont ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Wells

(Residence in Baltimore: No. 1362 N Fremont ave St.; 70 yrs. mos. ds.) in city

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1857 (Year)

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, George Wells

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER * Fannie Reed

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jeban Wells

(Address) 1362 N Fremont ave

15- AUG 3 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1916, to Aug 1 1916, that I saw her alive on July 30 1916, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Int Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos N. Bayliss M. D.

Aug 1, 191 6 (Address) 1259 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Aug 3, 1916

20-UNDERTAKER James H Dennis

ADDRESS 133 Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

* Fannie Reed.

Spec.—5-19-13—M. & T.—500 Bks.

C97085

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97085

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615½ S. Sharp ST.; 22 WARD) REGISTERED No. C

2-FULL NAME James F. Allen

(Residence in Baltimore: No. 615½ S. Sharp St.; ...yrs., ...mos. 18 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 15 (Day) 1916 (Year)

7-AGE, ...yrs. ...mos. 18 ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Frank Allen

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Estelle Floyd

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Floyd

(Address) 615½ Sharp St.

15-

Filed Aug 3 1916, 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 2 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 15 1916, to Aug 2 1916, that I saw h in alive on Aug 1 1916, and that death occurred, on the date stated above, at 5 30 a m

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ...yrs. ...mos. 18 ds.

CONTRIBUTORY (Secondary) Congenital Weakness

(Duration) ...yrs. ...mos. 18 ds.

(Signed) J. Guy Bowley M. D.

8/4/1916. (Address) 136 W. 17th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 3, 1916

20-UNDERTAKER John H Toadvine — ADDRESS 1420 Hill St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97086

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97086

Spec.—8-24-14—M. & T.—2000 Bks.

C97086

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97086

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Jane Williams

(Residence in Baltimore: No. 530 Green Allow St.; 52 yrs., 1 mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, June 21, 1864 (Month) (Day) (Year)

7-AGE, 52 yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ballo Maryland

PARENTS.

10-NAME OF FATHER, George Williams

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Eliza Williams

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. M. Ban

(Address) Mercy Hospital

15- AUG 3 - 1916

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1916, to Aug. 3 1916, that I saw h[illegible] alive on Aug. 3 1916, and that death occurred, on the date stated above, at 11.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 6 mos. ds.

(Signed) Geo. E. Cohen M. D.

Aug 3 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 530 Granville

19-PLACE OF BURIAL OR REMOVAL, Woodlawn DATE OF BURIAL, Aug. 5, 1916

20-UNDERTAKER Sam'l W. Chase Son ADDRESS 1468 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

C97087

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97087

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Harlem Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Isabel Strohmeyer.

(Residence in Baltimore: No. 1602 Harlem Ave. St.; 41 yrs., 6 mos. 14 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 20, 1875
(Month) (Day) (Year)

7-AGE, 41 yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... H.W.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER Chauncey M. Scott

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E. Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. O. Strohmeyer

(Address) 1602 Harlem Ave

15-

Filed....., 191.....

Registrar.

AUG 3 - 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 13 1915, to Aug 3 1916, that I saw h[illegible] alive on Aug 3 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

General & Pulmonary Oedema.

(Duration)...yrs. 3 mos.....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration)...3...yrs.....mos.....ds.

(Signed) M Baumgartner M. D.

Aug 3, 1916. (Address) 626 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cemetery	Aug. 5, 1916
20-UNDERTAKER	ADDRESS
Geo. J. Smith	1000 W. Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97088 C97088

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St.; 14 WARD)

REGISTERED NO. C 168

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Taylor

(Residence in Baltimore: No. 1145 Freemont Ave St.; 30 yrs., \ mos. \ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1858 (Year)

7-AGE, 58 yrs. \ mos. \ ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Yard

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Taylor

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sedonia Boone

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Connie Taylor

(Address) 1145 N. Fremont Ave.

15- Filed ....., 191.... Registrar. L

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1916, to July 31, 1916, that I saw h[illegible] alive on July 30, 1916, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

Accident

Struck by a piece of lumber

(Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Ruptured liver

(Duration) ..... yrs. 5 mos. ..... ds.

(Signed) [illegible] M. D.

July 31, 1916 (Address) 1320 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death \ yrs. \ mos. 27 ds. In the State 30 yrs. \ mos. \ ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 1145 N. Fremont Ave

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Aug. 3, 1916

20-UNDERTAKER George H. Holland ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

C97089 C97089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Towsend Pl. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tom Pinkey

(Residence in Baltimore: No. (1811) Towsend Pl. 3119 Barclay St. St.; 15 yrs., 1 mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, African

5-~~SINGLE,~~ ~~MARRIED,~~ WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) ..... (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Domestic (Farming)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Hannah Shakelford

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. C. Cronemiller M.D.

(Address) 1810 Guilford Ave.

15- AUG 3 1916

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1916, to Aug 1 1916, that I saw her alive on Aug 1 1916, and that death occurred, on the date stated above, at 5:50 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. C. Cronemiller M. D.

Aug. 1, 1916 (Address) 1810 Guilford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Aug. 3, 1916

20-UNDERTAKER George H. Holland

ADDRESS 512 Robert St.

C97090

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97090

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1709 Druid Hill Ave St.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Paul

(Residence in Baltimore: No. 1709 Druid Hill Ave St.; yrs.. mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 8 (Day), 1844 (Year).

7-AGE, ... yrs. ..... mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Paul

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Cinnta Harden

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Paul

(Address) 1709 Druid Hill Ave

15- AUG 3 - 1916 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 2 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cholera Infantum

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Shock

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

Aug. 2, 1916. (Address) 519 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Lane Cemetery

DATE OF BURIAL, Aug 3 1916

20-UNDERTAKER John A. Bischoff

ADDRESS 1104 Division Ave

N.B.—Every question must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--5-19-13—M. & T.--500 Bks.

C97091

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97091

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 N. Spring St.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Davis

(Residence in Baltimore: No. 426 N. Spring St; St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown

(Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Joseph Butler

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Fannie Butler

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes L. Kelly

(Address) 426 N. Spring St.

15- AUG 3 - 1916

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1916

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 20-7-1916, to 21-7-1916, that I saw her alive on 21-7-1916, and that death occurred, on the date stated above, at 3.20 p.m.

The CAUSE OF DEATH* was as follows: Cancer of the Stomach and of the Intestines

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin Mayfield Kelly M. D.

1 Aug, 191 6 (Address) 4 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion Cem	Aug 3, 1916

20-UNDERTAKER M. Robert A. Elliott ADDRESS 506 East St

IMPORTANT—Physicians are requested to make this certificate as soon as possible after death occurs. Please write plainly in ink, and be careful that the answers to all questions may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97092

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97092 C97092

CERTIFICATE OF DEATH.

138

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 Josephs Hosp ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Laurie Simms

(Residence in Baltimore: No. 914 Harford Ave St.; 24 yrs. 5 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb 10, 1892 (Month) (Day) (Year)

7-AGE, 24 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Ricketts

11-BIRTHPLACE OF FATHER (State or Country), Baltimore md

12-MAIDEN NAME OF MOTHER Louisa Zeigler

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jas. Simms

(Address) 914 Harford Ave.

15- AUG 3 - 1916 filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2nd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3 00 6 m August 2nd 1916, to 10 00 4 m Aug 2nd 1916, that I saw her alive on Aug 2nd 1916, and that death occurred, on the date stated above, at 10 00 a m.

The CAUSE OF DEATH* was as follows:

Eclampsia

Eclampsia Puerperal

(Duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 7 mos. 16 ds.

(Signed) M. C. McCullough M. D.

....., 1916 (Address) 21 Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 7 hrs mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 914 Harford Ave

Former or usual residence 914 Harford Ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Aug 5, 1916

20-UNDERTAKER Wm J Simms and Son ADDRESS 84 Potomac

80

DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97093 HEALTH DEPARTMENT—CITY OF BALTIMORE 104 C97093

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 470 E Clement ST.: 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa H Burns

(Residence in Baltimore: No. 470 E. Clement St.: yrs. 2 mos. 14 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May 19, 1916 (Month) (Day) (Year)

7-AGE: yrs. 2 mos. 14 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: James Burns

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Kate McCloskey

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Kate Burns

(Address) 470 E Clement St

15 AUG 3 - 1916 191

HARRY C. ANDREWS
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 2nd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20th, 1916, to. Aug 2nd 1916, that I saw h[illegible] alive on Aug 2nd, 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. J. O'Donnell M. D.

Aug 2nd, 1916 (Address) 1075 Hull St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Catholic Cem | DATE OF BURIAL: Aug 4 ,191 6

20-UNDERTAKER: J. J. Foley & Son | ADDRESS: 1811 Eastern Ave

C97094

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97094

CERTIFICATE OF DEATH

1 PLACE OF DEATH House of Good Shepherd — REGISTERED NO. C

CITY OF BALTIMORE (No. Mount & Stallins St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Lopez

(Residence in Baltimore: No. House of Good Shepherd St.; 5 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: ——— (Month) (Day), 1890 (Year)

7-AGE: 26 yrs. mos. ds. — If LESS than 1 day, hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Sewing
(b) General nature of industry, business, or establishment in which employed (or employer): (Seamstress)

9-BIRTHPLACE (State or country): Havana Cuba

PARENTS

10-NAME OF FATHER: Joseph Lopez

11-BIRTHPLACE OF FATHER (State or country): Cuba

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Cuba

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sisters of the Good Shepherd

(Address)

15 AUG 3 - 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 3 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan, 1916, to Aug 3, 1916, that I saw h[illegible] alive on July 30, 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

1 year (Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) E. F. Mitchell M. D.

191 (Address) 115 W Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 5 yrs. — mos. — ds. In the State 5 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? House of Good Shepherd

Former or usual residence House of Good Shepherd

19-PLACE OF BURIAL OR REMOVAL: St Vellys Cem — DATE OF BURIAL: 8/4, 1916

20-UNDERTAKER: [illegible] — ADDRESS: 1317 Eight St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C97095 C97095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Covington ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Huber.

(Residence in Baltimore: No. 1508 Covington St. St.; ....yrs., 1 mos. 29 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 4 (Day) 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER. James Huber

11-BIRTHPLACE OF FATHER (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER Agnes Lamar.

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Huber

(Address) 1508 Covington St

15-

Filed AUG 3 - 1916, 191.... HARRY D. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to Aug 2 1916, that I saw him alive on Aug 2 1916, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jas. A. Donald M. D.

Aug 3, 1916 (Address) 1025 W. Mt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem	8/3, 1916.
20-UNDERTAKER Jos. J. Gahagan & Sons	ADDRESS 313 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

138

C97096

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard Hospital ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Frank Stern

(Residence in Baltimore: No. The Riviera Apartments St.; 40 yrs., 2 mos. 20 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 14 (Day), 1876 (Year)

7-AGE, 40 yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry L Frank

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Rosalind Frank

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Stern

(Address) 666 Riddle Place, Balto.

15-

Filed AUG 3 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Aug (Day) 3, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to Aug 3rd 1916, that I saw h[illegible] alive on Aug 3rd 1916, and that death occurred, on the date stated above, at 2.40 Am.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Progressive

(Duration) ....yrs. ....mos. ....ds.

(Signed) Julius Stern M. D.

Aug 3, 1916 (Address) 5.6 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Same

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Sinai Friendship Cem

DATE OF BURIAL, ..., 191...

20-UNDERTAKER John J Gahagan

ADDRESS 1016 Eutaw

Spec.—8-24-15—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97097 108 C97097

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Kolbe

(Residence in Baltimore: No. 2551 Pennsylvania Ave St.; — yrs., — mos. — ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	Wht.	Single

6-DATE OF BIRTH, Aug 1, 1895 (Month) (Day) (Year)

7-AGE, 21 yrs. 0 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Office

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Jacob Kolbe

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Elizabeth Kuhns

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Kolbe

(Address)

15- Filed AUG 3 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1916, to Aug 2, 1916, that I saw h[illegible] alive on Aug 2 1916, and that death occurred, on the date stated above, at 5:15 p.m.

The CAUSE OF DEATH* was as follows:

Acute Suppuration Appendix with Peritonitis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Hewerer M. D.

8-2-, 191.. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2551 Penna. Ave

19-PLACE OF BURIAL OR REMOVAL London Park Cemetery DATE OF BURIAL 8-5-16

20-UNDERTAKER E. Pulzbrück ADDRESS 2233 W. North Ave

over

Spec.—8-24-14—M. & T.—2000 Bks.

C97098 HEALTH DEPARTMENT—CITY OF BALTIMORE C97098

CERTIFICATE OF DEATH. 151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Wall ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Brill

(Residence in Baltimore: No. 209 Wall St.: yrs. 1 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 5th 1916. (Month) (Day) (Year)

7-AGE, yrs. 1 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, August Brill

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Rosa Roseman

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) aug. Brill

(Address) 1209 Wall

15- AUG 3 - 1916 Filed....., 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1916, to Aug 1 1916, that I saw him alive on Aug 1 1916, and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm L Faulk M. D.

Aug. 3, 1916. (Address) 528 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem. DATE OF BURIAL, Aug. 4, 1916.

20-UNDERTAKER P. J. M. G. Flynn ADDRESS 1422 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.

Spec.—8-24-14—M. & T.—2000 Bks.

C97099

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97099

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 253 S. Spring St.; 3 WARD) REGISTERED NO. C .....

2-FULL NAME Rosa Iannarumo

(Residence in Baltimore: No. 253 S. Spring St.; .....yrs., 5 mos. 20 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Feb. (Month) 5 (Day), 1916 (Year)

7-AGE: ....yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto.

PARENTS.

10-NAME OF FATHER: Domonic Iannarumo

11-BIRTHPLACE OF FATHER (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Filomena Romano

13-BIRTHPLACE OF MOTHER (State or Country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Domonic Iannarumo

(Address) 253 S. Spring St.

15- AUG 4 - 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Aug 3 1916, that I saw her alive on aug 3 1916, and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration).....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration).....yrs.....mos. 4 ds.

(Signed) Arnold L. Pritchett M. D.

Aug 3, 1916. (Address) 1035 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug. 4th, 1916.

20-UNDERTAKER Wendell Diffel & Son — ADDRESS 330 S. Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Blks.

C97100

HEALTH DEPARTMENT—CITY OF BALTIMORE

103

CERTIFICATE OF DEATH.

C97100

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 N. Chapsal ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Jackson

(Residence in Baltimore: No. 121 N. Chapsal St.; 2 Life yrs., ...mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) 28 (Day), 1880 (Year)

7-AGE, 35 yrs. 8 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Maid
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Daniel Jackson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Wilhelmina Arnis

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wilhelmina Cornish

(Address) 121 N. Chapsal

15- AUG 4 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1916, to Aug 1 1916, that I saw h[illegible] alive on Aug 1 1916, and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Heat Stroke

and Acute Gastritis

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wm. C. Burns M. D.

Aug 4 1916 (Address) 2202 Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Aug 4, 1916.

20-UNDERTAKER Charles B. Jones — ADDRESS 235 N. Pine St

important. See instructions on back of certificate.

c97101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

REGISTERED No. C 97101

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3 S. Carlton ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard A. Mackey

(Residence in Baltimore: No. 3 S. Carlton St.; yrs., 2½ mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Dec (Month) 10 (Day), 1913 (Year)

7-AGE	If LESS than 1 day,
2 yrs. 7 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Moses Mackey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Catherine Clark

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Mackey

(Address) 3 S. Carlton St

15- FILED AUG 4 - 1916 HARRY C. [illegible] Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Insanity

(Duration) ....yrs. ....mos. ½ ds.

(Signed) James M. Faulkner M. D. (Coroner.)

Aug 4 1916 (Address) 720 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem.	Aug 4, 1916
20-UNDERTAKER, Samuel A. Keerkley	ADDRESS 578 W. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

c97102

Spec.—8-24-14—M. & T.—2000 Bks.

C97102

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97102

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3025 Frederick Av ST. 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Otho Kramm

(Residence in Baltimore: No. 3025 Frederick Av St.; .....yrs., ...mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 2, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs.....mos. 1 .....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Clarence F Kramm

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mamie Sadler

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Kramm

(Address) 3025 Frederick Av

15- AUG 4 - 1916 L

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1916, to Aug 3 1916, that I saw h.. alive on Aug 3 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth;
Debility at 6 Month

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Howard W Jones M. D.

Aug 4, 191.6 (Address) Druid Hill & Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem.	Aug 4th, 1916
20-UNDERTAKER	ADDRESS
Charles H Hill	307 Fremont Av

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 97103 C97103

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3426 Hickory Ave. St.; 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida May Little

(Residence in Baltimore: No. 3426 Hickory Ave. St.; 12 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, May (Month) 3 (Day), 1893 (Year)

7-AGE, 23 yrs. 2 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): Children's Dresses

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas. H. Stultz

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Margaret Rothenberger

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas H. Stultz

(Address) 3426 Hickory Ave

15- Filed AUG 4 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Aug 2 1916, that I saw h[illegible] alive on Aug 2 1916, and that death occurred, on the date stated above, at 9 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.

Aug 3, 1916. (Address) 865 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Mary's Hampden

DATE OF BURIAL. Aug 5, 1916

20-UNDERTAKER Horace Burgee & Son

ADDRESS 3631 Gallo Rd

Important. See instructions on back of certificate. This statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C97104

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97104

CERTIFICATE OF DEATH.

REGISTERED No. C 5 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Short alley ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Sidney Trench

(Residence in Baltimore: No. 1431 Short Alley. St. life yrs., — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ Married (Write the word.)

6-DATE OF BIRTH, Feb 10, 1873 (Month) (Day) (Year)

7-AGE, 43 yrs. 5 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Wells

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Young

(Address) 1431 Short alley

15- AUG 4 - 1916 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1916, to Aug. 1, 1916, that I saw h[illegible] alive on Aug. 1, 1916, and that death occurred, on the date stated above, at 9.45 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Richard L Eastinger M. D.

Aug. 2, 1916 (Address) 1514 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury cemetery

DATE OF BURIAL, Aug 4, 1916

20-UNDERTAKER Milton Davis

ADDRESS 1608 N. McElderry St

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE C97105

C97105

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

C97105

1 PLACE OF DEATH — REGISTERED NO. C.....

B

CITY OF BALTIMORE: (No. 1604 North Calvert St. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugenia Leonard Lewis

(Residence in Baltimore: No. 1604 North Calvert St. St.; 19 yrs. 8 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: November 6, (Month) (Day) 1896 (Year)

7-AGE: 19 yrs. 8 mos. 26 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: George A. Martin

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Helen T. White

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Helen T. Martin

(Address) 1604 North Calvert St.

15- AUG 4 - 1916

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 2 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June, 1916, to, Aug 2 1916, that I saw h.r alive on Aug 2 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

General Tuberculosis

(Duration) 1 yrs ..... mos ..... ds.

Contributory (SECONDARY) Oedema of Lungs

(Duration) 2 yrs mos. 1/2 ds.

(Signed) G. M. Lekounges M. D.

Aug 4 1916 [Address] 127 E. North Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Aug 5, 1916

20-UNDERTAKER: Harry W. Weis & Son — ADDRESS: 805 N. Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97106

CERTIFICATE OF DEATH.

104 C97106

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Flint ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus W. Virbinecki.

(Residence in Baltimore: No. 1739 Flint St.; ..... yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 19 (Day); 1916. (Year)

7-AGE, ... yrs. 1 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Stanislaus Virbinecki

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland.

12-MAIDEN NAME OF MOTHER Stanislava Stackowski

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaus Virbinecki

(Address) 1739 Flint St.

15- AUG 4 - 1916 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 191 6, to Aug 2 191 6, that I saw h[illegible] alive on Aug 2 191 6, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro Cellitis

..... (Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Aug 4, 191 6 (Address) 300 Walbrook Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Rosary	Aug. 4, 1916
20-UNDERTAKER W. F. Sadowski	ADDRESS 706 S. Conn.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Adolph Zulkowski C97107

C97107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Bank. ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph Zulkowski

(Residence in Baltimore: No. 1804 Bank St.; ..... yrs., 10 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October (Month) 3 (Day), 1915 (Year)

7-AGE, ... yrs. 10 mos. 0 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Julius Zukowski,

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland,

12-MAIDEN NAME OF MOTHER Eleanor Hudzyk

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Bank

(Address) 1804 Bank St.

15-

Filed AUG 4 1916 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Aug 3 1916, that I saw h— alive on Aug 3 1916, and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Chatham M. D.

Aug 4, 1916 (Address) 16 S. Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Aug. 4, 1916.

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97108 97108

CERTIFICATE OF DEATH.

42

B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2448 Frederick Ave ST. 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Bopp.

(Residence in Baltimore: No. 2448 Frederick Ave St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, December 8th, 1857 (Month) (Day) (Year)

7-AGE, 58 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Bopp (Daughter)

(Address) 2448 Frederick Ave

15- AUG 4 - 1916

Filed ....., 191... 7 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3rd, 1916. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 15 1916, to Aug 3rd 1916, that I saw her alive on Aug 3rd 1916 and that death occurred, on the date stated above, at 8 45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right ovary

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Exhaustion

(Duration) yrs. mos. 5 ds.

(Signed) W A Kunze M. D.

8/3/16, 191... (Address) 4207 Fredrick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer. DATE OF BURIAL, Aug. 4th, 1916.

20-UNDERTAKER E & B Hasle ADDRESS 113 E Mead St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C97109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 C97109

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2508 Kanal St. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Maley Norfolk

(Residence in Baltimore: No. 2508 Kanal St. St.; 67 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, May (Month) 30 (Day), 1830 (Year)

7-AGE, 86 yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Brick Layer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Isaac Norfolk.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth McLeach.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm E. Pennington Jr.

(Address).....

15- AUG 4 - 1916

Filed....., 191.... Z

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 3 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 28 1916, to Aug 3 1916, that I saw him alive on Aug 3 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows.

Peritonitis.

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Hernia.

(Duration) Don't know yrs. ....mos. ....ds.

(Signed) H. D. Cox M. D.

5/8....., 1916. (Address) Arlington.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem | DATE OF BURIAL, Aug 6, 191.6

20-UNDERTAKER E & B Hartz | ADDRESS 115 E Mt St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97110

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97110

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97110

CERTIFICATE OF DEATH.

63

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Birdie Lehr

(Residence in Baltimore: No. 327 W. 28th St St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, May (Month) 13 (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Geo. H. Lehr

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sarah Groves.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- AUG 4 - 1916

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 1916, to August 4 1916, that I saw her alive on August 4 1916, and that death occurred, on the date stated above, at 4 30 a. m.

The CAUSE OF DEATH* was as follows:

Anterior Poliomyelitis Acute

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. L. Lemmon M. D.

Aug. 4, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 327 W 28th St

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Aug. 5, 1916

20-UNDERTAKER Chenoweth & Son ADDRESS 367 Cathedral

important. See instructions on back of certificate.

93

C97111

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97111

C97111

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97111

CERTIFICATE OF DEATH.

167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. Gen. Hospital St.: 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida May Wilkins

(Residence in Baltimore: No. 1446 W. Carroll St.: Life yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 31, 1914
(Month) (Day) (Year)

7-AGE. 2 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Wm. H. Wilkins

11-BIRTHPLACE OF FATHER (State or Country), Eng (Coal)

12-MAIDEN NAME OF MOTHER Susie Long

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Susie Wilkens

(Address) 1446 Carroll St.

15-

Filed AUG 4 - 1916, 191 2

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Burns of face
2. Body
Accident - Bed caught afire from lighted match
(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) D. Wilkinson M. D.
(Coroner)

Aug 3, 1916 (Address) 8 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos. 2 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Aug 5, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

C97112

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

C97112

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2209 1/2 Hunter St. 12 Ward)

Registered No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie Virginia Webster

(Residence in Baltimore: No. 2209 1/2 Hunter St.; — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown, 1881 (Month) (Day) (Year)

7 AGE: 35 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Thomas Turner

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Turner

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James H. Webster
(Address) 2209 1/2 Hunter St.

15. Filed AUG 4 - 1916, 191 L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 2, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1916, to Aug 2, 1916, that I saw h[illegible] alive on Aug 2, 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure
1 wk.
(Duration) yrs. mos. ds

Contributory (SECONDARY) Cardiac Dilation & Renal Insufficiency (Duration) yrs. mos. ds.

(Signed) L. A. Nicholson M. D.

Aug 3, 1916 (Address) 112 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Forest Lawn — DATE OF BURIAL: Aug 4, 1916

20 UNDERTAKER: Daniel Easton — ADDRESS: 916 Pa ave

Spec.—8-24-14—M. & T.—2000 Bks.

97113

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

97113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 (97113

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Boyd ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Poarch

(Residence in Baltimore: No. 821 Boyd St.; 7 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, January 24, 1854
(Month) (Day) (Year)

7-AGE, 37 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Hotel Emerson

9-BIRTHPLACE, (State or Country), Chattanooga Tenn

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Poarch

(Address) 821 Boyd St.

15- AUG 4 - 1916 Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2d, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to Aug 2d 1916, that I saw h— alive on Aug 1st 1916, and that death occurred, on the date stated above, at 1:40 p.m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

Hemiplegia (Duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) yrs. 4 mos. — ds.

(Signed) Edward E. Mackenzie M. D.

Aug 3, 191.. (Address) 1322 North Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Cem	Aug. 5 1916
20-UNDERTAKER	ADDRESS
John J Conan	701 Hollins St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97114 C97114 1

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. Hontard.

(Residence in Baltimore: No. 619 Calvert St. St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 25 (Day), 1882 (Year)

7-AGE, 34 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Concrete Work

9-BIRTHPLACE, (State or Country) Portsmouth Va

PARENTS.

10-NAME OF FATHER, R. F. Howard

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Ida Riggs

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Pugh

(Address) Johns Hopkins Hosp

15- Filed AUG 5 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1916, to Aug. 3 1916, that I saw h— alive on Aug 3 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Fever (Etiology ?)

Probably Typhoid Fever

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ....yrs. ....mos. 3 ds.

(Signed) V. R. Mason M. D.

Aug 3., 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State — yrs. — mos. .... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 619 Calvert St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Portsmouth Va	Aug. 6., 1916.
20-UNDERTAKER	**ADDRESS**
William Cook	502 C North

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97115 C97115

CERTIFICATE OF DEATH.

15 V

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Webster.

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ....yrs., ...mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	black	Single

6-DATE OF BIRTH, July 28, 1916
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
....yrs. ....mos. 3 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, James Taylor.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Webster

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L Mullen MD

(Address) Johns Hopkins Hosp

15. AUG 5 1916

Filed....., 191.... HARRY C. AJOHNS Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1916, to Aug 1 1916, that I saw h.. alive on Aug 1 1916, and that death occurred, on the date stated above, at 1 34 m.

The CAUSE OF DEATH* was as follows:

Hemorrhage Neonatorum,

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm L Mullen M. D.

Aug 1, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	AUG 3 1916, 191...
20-UNDERTAKER	ADDRESS

FOR ANATOMICAL PURPOSES.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97116 C97116

CERTIFICATE OF DEATH.

34

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Kuryga.

(Residence in Baltimore: No. 415 S. Dallas St. St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Not Known, 1883
(Month) (Day) (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER, Tadeusz Kuryga

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps.

(Address) Johns Hopkins Hospital

15- AUG 5 - 1916 Filed ..... 191.. Henry C. Alberts Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2, 1916, to Aug 3 1916, that I saw h[illegible] alive on Aug 3 1916, and that death occurred, on the date stated above, at 6 15 a. m.

The CAUSE OF DEATH* was as follows:

Broncaditis effusiva
(Tuberculosis?)
(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) H. R. Mason M. D.

(Address) Johns Hopkins Hosp

Aug 3., 1916.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 415 S. Dallas St.

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cem — DATE OF BURIAL, Aug. 5, 1916

20-UNDERTAKER Jacob Trial Konski — ADDRESS 428 1/2 Bond St.

important. See instructions on back of certificate.

C97117

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C97117

1-PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 113 S. Carey St.: 18 Ward)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Blaicey

(Residence in Baltimore: No. 113 S. Carey St.: 53 yrs. 4 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Mar. 3, 1863 (Month) (Day) (Year)

7-AGE: 53 yrs. 4 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Patk. Blaicey

11-BIRTHPLACE OF FATHER (State or country): Ire.

12-MAIDEN NAME OF MOTHER: Catherine Hughes

13-BIRTHPLACE OF MOTHER (State or country): Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary C. Cook

(Address) 113 S. Carey

15- AUG 5 - 1916 Filed ....., 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. 2, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 22, 1916 to Aug. 2 1916

that I saw h.. alive on Aug. 2, 1916

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) C. A. Warner M. D.

8/3, 1916 (Address) 1605

*State the DISEASE CAUSING DEATH; in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Aug 5, 1916

20-UNDERTAKER: Jos B Cook

ADDRESS: 1003 E Baltimore St

I. Give residence of deceased should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97118 C97118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 5 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Macht

(Residence in Baltimore: No. 1441 E. Fayette St.; 1 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 11, 1900 (Month) (Day) (Year)

7-AGE, 15 yrs. 10 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Huntersville Va.

PARENTS.

10-NAME OF FATHER, Philip Macht

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Long

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Balto. St

15-

Filed AUG 5 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 4, 1916 (Month) (Day) (Year)

17) I HEREBY CERTIFY, That I attended deceased from July 2 1916, to Aug 4 1916, that I saw him alive on Aug. 4 1916, and that death occurred, on the date stated above, at 11:50 Am.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) 15 minutes yrs. mos. ds.

(Signed) Jas. O'Parker M. D.

Aug 4, 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 2 ds. In the State 1 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1441 E. Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, 8-6, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97119

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97119

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 N Port ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hockey

(Residence in Baltimore: No. 800 N Port St.; ...yrs., 5 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 4, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Albert Hockey

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anne Brownek

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Hockey

(Address) 800 N Port St

15- AUG 5 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 4, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15 1916, to Aug 4 1916, that I saw her alive on Aug 4, 1916, and that death occurred, on the date stated above, at 11:15 A m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. ...mos. ...ds.

(Signed) Emil Novak M. D.

Aug 4, 1916. (Address) 26 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Hill	Aug 5, 1916
20-UNDERTAKER Frank Cradelson	ADDRESS 1904 Eastern Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(97120) (97120)

CERTIFICATE OF DEATH.

115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christ Frederick Schlutter

(Residence in Baltimore: No. 2513 E. Fayette St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar. 28, 1877 (Month) (Day) (Year)

7-AGE, 39 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Frederick Schlutter

11-BIRTHPLACE OF FATHER (State or Country), ~~Maryland~~ Germany.

12-MAIDEN NAME OF MOTHER Doris Jacobson

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry L. Kogod

(Address) Mercy Hosp.

15- Filed AUG 5 - 1916, 191... HARRY C. ANDREAS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 3, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to Aug 3 1916, that I saw him alive on Aug 3 1916, and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Abscess of Liver

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. 6 mos. 7 ds.

(Signed) Geo. K. Cahum M. D.

Aug 3 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2513 E. Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, Aug 6, 1916.

20-UNDERTAKER Zirkler Zirkler

ADDRESS 1739 E. Eager

Important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97121 C97121

REGISTERED NO. C 79

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 N Calvert ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida V Pacetti

(Residence in Baltimore: No. 2825 N. Calvert St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: November (Month) 21 (Day), 1852 (Year)

7-AGE: 63 yrs. 8 mos. 13 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Samuel T. Adams

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Cornelia Baker.

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Pacetti

(Address) 2825 N Calvert St

15-

Filed AUG 5 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24, 1916, to, Aug 3 1916,
that I saw h.e.r. alive on Aug 3 1916,
and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Chr. Myo-Carditis.

about (Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) Uraemia + Heart Paralysis

(Duration) yrs. 7 mos. ds.

(Signed), D. Robert W. Mifflin M. D.

Aug 3 1916. [Address] 1016 Madison av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount

DATE OF BURIAL: Aug 7, 1916

20-UNDERTAKER: Graham & Walker

ADDRESS 723 W Saf

Date CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97422 + 42 C97422

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard a. Kelly Hosp. ST.: 2nd. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Alice Sheare.

(Residence in Baltimore: No. 1418 Eutaw Place St.: ....yrs....mos. 4 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...1861.... (Month) (Day) (Year)

7-AGE, 55 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Conrad Dotterway

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Fred. Dotterway

(Address) Latrobe Penna

15- Filed AUG 5 - 1916 HARRY C. ANDREWS Deputy Register Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1916, to Aug 4 1916, that I saw h er alive on Aug 3 1916, and that death occurred, on the date stated above, at 4 30 p m.

The CAUSE OF DEATH* was as follows:

Papilloma of Ovary (Carcinoma)
Not verified by operation or
autopsy
(Duration) Unknown yrs. mos. da.

CONTRIBUTORY (Secondary) Intestinal Obstruction
(Duration) yrs. mos. 4 da.

(Signed) Robert M Lewis M. D.

Aug 4..., 1916. (Address) 1418 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 da. In the State ....yrs. ....mos. 4 da.

Where was disease contracted, if not at place of death? Latrobe, Pa.

Former or usual residence Latrobe, Pa.

19-PLACE OF BURIAL OR REMOVAL, Latrobe Penna

DATE OF BURIAL, Aug. 5., 1916

20-UNDERTAKER Chas. G. Black

ADDRESS 1201 w Mulberry St

Directions in pencil, or with pen, will be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97123 104 C 97123

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 E Eager ST.: 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret C. Clemsen

(Residence in Baltimore: No. 514 E Eager St.; — yrs., 3 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 5, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 29 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto - Md

PARENTS.

10-NAME OF FATHER, Edward A. J. Clemsen

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Lillie Dean

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Edward A. J. Clemsen

(Address) 514 E Eager St

15-

Filed AUG 5 - 1916, 191 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 4, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916 to Aug 4 1916, that I saw h[illegible] alive on Aug 3 1916, and that death occurred, on the date stated above, at 8 to 9 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Colitis

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Bernard Lee M. D.

8-4, 1916 (Address) 614 E Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Carmel Cemetery

DATE OF BURIAL, Aug. 5, 1916

20-UNDERTAKER Henry Hook Son

ADDRESS 1301 E Eager St

C97121 HEALTH DEPARTMENT—CITY OF BALTIMORE C97121

CERTIFICATE OF DEATH. 104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1150 S. Shulsdale ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter West.

(Residence in Baltimore: No. 1150 S Shulsdale Alley — St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept. (Month) 1 (Day) February 1916 (Year)

7-AGE, ... yrs. 5 mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto., Md

PARENTS.

10-NAME OF FATHER, James West

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Hannia West

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO ~~THE BEST OF~~ MY KNOWLEDGE.

(Informant) Mother

(Address) 1150 Shulsdale Alley

15- Filed AUG 5 - 1916, 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cholera Infantum

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. Wilkinson M. D.

(Coroner.) Aug 5, 191.6 (Address) 819 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). 1 year

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, 8/7, 1916

20-UNDERTAKER Sam'l L. Thomsley ADDRESS 578 Fulton Ave

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

097125

HEALTH DEPARTMENT—CITY OF BALTIMORE

097125

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Annah ave St.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franz Apfel

(Residence in Baltimore: No. 2406 Annah ave St.: 71 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov (Month) 26 (Day), 1834 (Year)

7-AGE, 81 yrs. 8 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Cigar Maker

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora F. Walling

(Address) 2406 Annah ave

15- AUG 5 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to Aug 4 1916, that I saw him alive on Aug 4 1916, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Harvey E Tod M. D.

8/14, 1916 (Address) 735 N Eaton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Aug 7, 1916

20-UNDERTAKER Geo. Weber & Son ADDRESS 2303 Edmondson ave

93760
C97126

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97126

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 100 N. Monroe ST. 70 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Webster Ray Leonhardt.

(Residence in Baltimore: No. 100 N. Monroe St. 25 yrs. 9 mos. 13 ds.)

B

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: October - 31, 1890 (Month) (Day) (Year)

7 AGE: 25 yrs. 9 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Stock clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Geo. Leonhardt.

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emma S. Spies

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emma L. Leonhardt.
(Address) 100 N. Monroe

15 AUG 5 - 1916 Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August - 3 - , 1916. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June - 5, 1916. to. Aug. - 3 1916.
that I saw him alive on August - 3 - 1916.
and that death occurred, on the date stated above, at 10:30 P. m.
The CAUSE OF DEATH* was as follows:

Phthisis

(Duration) ? yrs. ..... mos. ..... ds

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Wilbur P. Stubbs M. D.
Aug - 4, 1916. (Address) 647 N. Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug. 7, 1916

20 UNDERTAKER: Herring Philip, [illegible] — ADDRESS: 2016 Orleans

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97127 C97127 104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincent Infant Asylum REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Brown

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 18 (Day), 1912 (Year)

7-AGE, ...yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 140 Division St.

15- AUG 5 - 1916 Z

Filed ..... Aug 191 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1916, to Aug 2 1916 that I saw h in alive on Aug 2 1916, and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(Duration) ....yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Towers M. D.

8/3/16, 191... (Address) 251 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 4 mos. 7 ds. In the State yrs. 7 mos. — ds.

Where was disease contracted if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Aug 5, 1916

20-UNDERTAKER M F Cahey & Sons — ADDRESS 506 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97128 C97128

Spec.—5-19-13—M. & T.—500 Bks.

C97128

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97128

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH St Vincents Infant Asylum REGISTERED No. C

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Herron

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	wht	Single

6-DATE OF BIRTH, Aug 26, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 11 mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 440 E. Division St

15- AUG 5 - 1916

Filed ..... 191 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Aug 3 1916, that I saw h m alive on Aug 3 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) 1 yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Powers M. D.

8/4/16, 191... (Address) 2571 Eutaw Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. — mos. 20 ds. In the State — yrs. 2 mos. — ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral	Aug 5, 1916

20-UNDERTAKER	ADDRESS
M Fahey & Sons	606 Lafayette Av

Spec.—5-19-13—M. & T.—500 Bks.

C97129

HEALTH DEPARTMENT—CITY OF BALTIMORE X

C97129

Spec.—5-19-13—M. & T.—500 Bks.

C97129 HEALTH DEPARTMENT—CITY OF BALTIMORE X C97129

61

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes Bounce

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female 4-COLOR OR RACE, wht 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, April (Month) 27 (Day), 1916 (Year)

7-AGE, yrs. 4 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 411 Division St

15- AUG 5 - 1916 Filed, 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1916, to Aug 2 1916, that I saw h[illegible] alive on Aug 2 1916 and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Meningitis
(Cerebro Spinal) (Epidemic)

(Duration) 1 yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary) Meningitis

(Duration) yrs. mos. ds.

(Signed) H. V. Power M. D.

8/4/16, 191... (Address) 231 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. 7 mos. 7 ds. In the State — yrs. 7 mos. — ds.

Where was disease contracted, if not at place of death? St Vincents Inf Asylum

Former or usual residence St Vincents Inf Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Aug 5, 1916

20-UNDERTAKER Feheney & Sons ADDRESS 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97130

CERTIFICATE OF DEATH.

40

C97130

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Neidel

(Residence in Baltimore: No. 1139 W Baltimore St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 17, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Herman Neidel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henrietta Cohen

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) above

15-

Filed AUG 5 - 1916 191 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1916, to Aug 3 1916, that I saw him alive on July Aug 3 1916, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

& Liver

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. Egan M. D.

Aug 3, 1916. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Balt.

Former or usual residence 1139 W Baltimore St

19-PLACE OF BURIAL OR REMOVAL, Oak Shalom Cem — DATE OF BURIAL, Aug 6, 191.

20-UNDERTAKER J. A. Treus Co. — ADDRESS 1611 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97131

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97131

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Warner ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa M Stewart

(Residence in Baltimore: No. 509 Warner St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 9, 1915
(Month) (Day) (Year)

7-AGE, yrs. 7 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm H Steward

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Maggie Queen

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Maggie Steward

(Address). 509 Warner St

15-

Filed AUG 5 - 1916, 191 L
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1916, to and Aug 2 1916, that I saw her alive on Aug 2 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cystitis Tuberculosis

Pulmonary tuberculosis

Pregnancy

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L A Keene M. D.

, 191... (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ct — DATE OF BURIAL, Aug 6, 1916.

20-UNDERTAKER J L Brown & Son — ADDRESS 108 N Montpelier

C97132

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97132

CERTIFICATE OF DEATH

104

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 503 Archer, St.: 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Marie Berry

(Residence in Baltimore: No. 503 Archer St.; yrs. 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May 17, 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. 2 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Julius Berry

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Jennie M. Sale

13-BIRTHPLACE OF MOTHER (State or country): Miss.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Berry

(Address) 503 Archer

15-
Filed AUG 5 - 1916, 191 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1916, to Aug 4 1916, that I saw h.r alive on Aug 3, 1916, and that death occurred on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Gastro-Enderitis

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dorothy Stoaga M. D.

Aug 5, 1916 (Address) 729 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: Aug 6, 1916.

20-UNDERTAKER: John J. Fields

ADDRESS: 1200 W. Lombard

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mary Stalonska

C97133

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97133

C97133 Mary Stalewska C97133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1630 Shakespeare St. ST.: 2 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Stalewska

(Residence in Baltimore: No. 1630 Shakespeare St

St.: yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 21, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER — Stalewska

13-BIRTHPLACE OF MOTHER (State or Country), [redacted] Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Stalewska

(Address) 1630 Shakespeare St

15- AUG 5 - 1916

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Henry Moon Simkins M. D.
(Coroner.)

Aug 5, 1916. (Address) 100 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Aug. 5th, 1916.
20-UNDERTAKER M. F. Sadowski	ADDRESS 905 S. Ann St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97134

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

C97134

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1029 S. Sharpe ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Baltzer

(Residence in Baltimore: No. 1029 S Sharpe St.: ..... yrs., 10 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.)
male	white	single

6-DATE OF BIRTH, Sept 20, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Howard Baltz

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Margaret Baker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. N. Freeman

(Address) 1532 Linden ave

15- Filed AUG 5 - 1916, 191.....

HARRY C. AMEND
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1916, to Aug 3 1916, that I saw him alive on Aug 3 - 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH was as follows:

Acute Flexocolitis

..... (Duration) ..... yrs. ..... mos. 12 hours

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. N. Freeman M. D.

....., 191... (Address) 1532 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, Aug 5, 1916

20-UNDERTAKER Wm J Fickus Son — ADDRESS North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97135

CERTIFICATE OF DEATH.

104 C97135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney Stark

(Residence in Baltimore: No. 1048 Granby St St.; yrs., 8 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 27, 1915
(Month) (Day) (Year)

7-AGE, yrs. 8 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Joseph D. Stark

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Rebecca Snesil

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph D. Stark

(Address) 1048 Granby st

15-

Filed AUG 5 - 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August, 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 2 1916, to Aug. 5 1916, that I saw him alive on Aug. 5 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis.

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 3 ds.

(Signed) M. Kaplan M. D.

Aug. 5, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. 8 mos. 3 ds.

Where was disease contracted, if not at place of death? 1048 Granby St.

Former or usual residence 1048 Granby st

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, Aug 5, 191

20-UNDERTAKER D. Feinour & Bro

ADDRESS 1107 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97136 104 C97136

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 W Lee. ST. 22 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Shultz.

(Residence in Baltimore: No. 653 W Lee St St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, 7 (Month) 2 (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None.

9-BIRTHPLACE, (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Frank J Shultz

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Ann Mary Betts.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank J. Shultz

(Address) 653 W Lee St

15- AUG 5 - 1916 Filed ....., 191.... HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1, 1916, to Aug 5 1916, that I saw h[illegible] alive on Aug 4 1916, and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Cholera infantum

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

....., 191... (Address) 652 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Md DATE OF BURIAL, Aug 6, 1916.

20-UNDERTAKER W. J. Hokner & Sons ADDRESS 425 Camden

C97137

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97137

170

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. The Rochambeau Charles & Franklin Sts. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lucy Perkins Howes

(Residence in Baltimore: No. The Rochambeau - Chas & Frankl... St... yrs. Life mos. ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept 24, 1852 (Month) (Day) (Year)

7 AGE: 63 yrs. 10 mos. 10 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: P. Penfield Perkins

11 BIRTHPLACE OF FATHER (State or country): N. J.

12 MAIDEN NAME OF MOTHER: Catherine Tomlinson

13 BIRTHPLACE OF MOTHER (State or country): Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. Edgar S. Perkins

(Address) The Rochambeau apts

15 Filed AUG 5 - 1916 HARRY C. ANDREWS Buffalo Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 4th, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 14th, 1916, to Aug 4th, 1916, that I saw h[illegible] alive on Aug 3rd, 1916, and that death occurred, on the date stated above, at 1.15 a m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions

(Duration) ... yrs. ... mos. 2 ds

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) 5 yrs. ... mos. ... ds.

(Signed) William J. Hessick M. D.

Aug 5th, 1916 (Address) 1700 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Aug 13, 1916

20 UNDERTAKER: Jos. B. Cook ADDRESS: 1003 W. Baltimore St

C97138 C97138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 80

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mt Clare Shops 3rd St.: W WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horatio Kirby

(Residence in Baltimore: No. Walnut & Second Ave Raynal Sta Balto Co Md St.; yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH. October (Month) 24 (Day), 1860 (Year)

7-AGE. 55 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Pipe Fitter
(b) General nature of industry, business, or establishment in which employed (or employer). B & O R R Co.

9-BIRTHPLACE, (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER, John Kirby

11-BIRTHPLACE OF FATHER (State or Country). X Washington D.C.

12-MAIDEN NAME OF MOTHER X Mary E. Nalley

13-BIRTHPLACE OF MOTHER (State or Country). X Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Russell Watkins

(Address) 419 N Pulaski St

15- AUG 5 - 1916 Filed ..... 191.....

HARRY T. [illegible] Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Rupture

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Rupture Coronary Artery

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) James M Burton M. D. (Coroner.)

Aug 5, 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Aug. 7., 1916
20-UNDERTAKER Jos B Cook	ADDRESS 1003 W. Balto St.

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97139

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97139

1 PLACE OF DEATH

B

CITY OF BALTIMORE (No. 829 N. Fulton Ave St. 16 WARD)

Registered No. C 39

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles Henry Kaiser

(Residence in Baltimore: No. 829 N. Fulton Ave

St.: 63 yrs. ... mos. ... ds.)

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan. (Month) 4 (Day), 1827 (Year)

7 AGE: 89 yrs. 7 mos. — ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired.
(b) General nature of industry, business, or establishment in which employed (or employer): Lime Merchant

9 BIRTHPLACE (State or country): Carlshafen, Germany

PARENTS

10 NAME OF FATHER: John George Kaiser

11 BIRTHPLACE OF FATHER (State or country): Carlshafen, Germany

12 MAIDEN NAME OF MOTHER: Anna Elsie Hartmann

13 BIRTHPLACE OF MOTHER (State or country): Helmershausen Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louise Kaiser

(Address) 829 N. Fulton Ave

15 AUG 5 - 1916 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. (Month) 4th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24th, 1916. to Aug 4th 1916. that I saw him alive on Aug 4th, 1916. and that death occurred, on the date stated above, at 11.55 P. m. The CAUSE OF DEATH* was as follows:

Cancer of the Tongue

(Duration) — yrs. 6 mos. 11 ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edw. Kummer M. D.

Aug 5, 1916 (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore DATE OF BURIAL: Aug 7, 1916

20 UNDERTAKER: J. B. Cook ADDRESS: 1003 W. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97140

CERTIFICATE OF DEATH.

120 C97140

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 500 N Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Kelso

(Residence in Baltimore: No. 500 N. Gilmor St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Mch 14, 1842 (Month) (Day) (Year)

7-AGE, 74 yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): House Painter

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Not Known.

11-BIRTHPLACE OF FATHER (State or Country), Portland

12-MAIDEN NAME OF MOTHER Not Known.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. S. Kelso

(Address) 111 N. Dallas St

15- Filed AUG 5 - 1916 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1916, to Aug 4 1916, that I saw him alive on Aug 3 1916, and that death occurred, on the date stated above, at 12.45 m.

The CAUSE OF DEATH* was as follows:

Uremia Coma

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

Nephritis (Duration) 2 yrs. mos. ds.

(Signed) Alvin B Lennard M. D.

Aug 4, 1916 (Address) 718 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	Aug 6, 1916
20-UNDERTAKER Peter Nicolaus	ADDRESS 2046 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C97141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C97141

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 State ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wesley Smothers

(Residence in Baltimore: No. 421 - State St.; 47 yrs. 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 15 (Day), 1869 (Year)

7-AGE, 47 yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Porter (in theatre)

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Lewis Smothers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Freeman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Wm Smothers

(Address) 421 State St

15- AUG 6 - 1916 Filed....., 191.....

HARRY D. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) - 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7 - 20 - 1916, to 8 - 2 1916, that I saw him alive on 8 - 1 - 1916, and that death occurred, on the date stated above, at 3 - A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm H. Cargill M. D.

8-4-1916. (Address) 430 W. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Aug 6., 1916

20-UNDERTAKER Mrs Robert A Elliott — ADDRESS 504 East St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97142 118 C97142

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Mulliken St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Johnson

(Residence in Baltimore: No. 1533 Mulliken St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored A. A.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Downs

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Filgman Johnson

(Address) 1613 Mulliken St

15-Filed AUG 6 - 1916, 191.....

HARRY C. ANDREWS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 2, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 26 1916, to Aug. 2, 1916, that I saw her alive on Aug. 2, 1916, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac asthenia

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) H. C. Robinson M. D.

Aug. 3, 1916 (Address) 1520 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Aug. 6, 1916

20-UNDERTAKER Wm. Robert A. Elliott ADDRESS 506 East

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97143 C97143

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Shields alley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geneva Nelson

(Residence in Baltimore: No. 1114 Shields alley St.; Lifel yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1915 (Year)

7-AGE, 1 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balt. Md

PARENTS.

10-NAME OF FATHER, James Nelson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Florence Coates

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Nelson

(Address) 1114 Shields Alley

15- Filed AUG 6 1916 191 HARRY D. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 4 1916, to Aug 4 1916, that I saw h[illegible] alive on Aug 4 1916, and that death occurred, on the date stated above, at 11 50 p m.

The CAUSE OF DEATH* was as follows:

a Colon Intussusception

(Duration) 5 yrs. 5 mos. 3 ds.

CONTRIBUTORY (Secondary) Marasmus +

(Duration) 5 yrs. 6 mos. 2 ds.

(Signed) Jno. H. Phelps M. D.

Aug. 5, 1916 (Address) 206 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Aug. 6, 1916

20-UNDERTAKER Charles B. Jones

ADDRESS [illegible] St Pine

C97144

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C97144

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 1707 Fleet St. ST. 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeswf Jankowski

(Residence in Baltimore: No. 1707 Fleet St St.: yrs. 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May 17, 1916 (Month) (Day) (Year)

7 AGE: yrs. 2 mos. 18 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph Jankowske

11 BIRTHPLACE OF FATHER (State or country): Prussia

12 MAIDEN NAME OF MOTHER: Agnes Puginske

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Jankowski

(Address) 1707 Fleet St

15 Filed AUG 6 - 1916 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. 4 —, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1916, to Aug 4 — 1916, that I saw h— alive on Aug 3 —, 1916, and that death occurred, on the date stated above, at 9.20 p m.

The CAUSE OF DEATH* was as follows:

Gastro - Enteritis

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Malnutrition

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. C. Brazer M. D.

Aug 5, 1916 (Address) 125 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Rosary

DATE OF BURIAL: Aug 6, 1916

20 UNDERTAKER: Jacob Frankowski

ADDRESS: 428 S Broad St

File CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97145 C97145

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Brighton St. St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Woolman Kirby

(Residence in Baltimore: No. 1119 Brighton St. St.; yrs. 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 24, 1914 (Month) (Day) (Year)

7-AGE, yrs. 1 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robt Coulter

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Bessie Curley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Kirby

(Address) 1119 Brighton St

15-

Filed AUG 6 - 1916 HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1916 to Aug 3 1916, that I saw h— alive on July 29 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Dysentery

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) yrs. mos. 4 ds.

(Signed) E H Neel M. D.

191... (Address) 1235 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 6 191 6

20-UNDERTAKER Daniel Eccleston — ADDRESS 916 Ca—ad

C97146 C97146

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 517 S Dallas ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Krieger

(Residence in Baltimore: No. 517 S. Dallas St

St.; yrs., 35 ~~mos.~~ ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 24, 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Krieger

(Address) 517 S. Dallas

15- AUG 6 - 1916 HARRY C. ANDREES

Filed....., 191..... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) investigation find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Chronic Heart

(Duration).....yrs.....mos.....ds.

(Signed) Henry Lyman Sestay M. D.
(Coroner.)

Aug 6, 1916. (Address) 1.6.1.0 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, Aug 8, 1916

20-UNDERTAKER William Fiedkowski ADDRESS 1618 Eastern

Sup. Instr. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97147 C97147

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508. S. Rose. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Struble

(Residence in Baltimore: No. 508. S. Rose. St. St.; 30 yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not. Known (Month) (Day) 1869 (Year)

7-AGE, 47 yrs. ~ mos. ~ ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) Telephone Co.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not. Known

11-BIRTHPLACE OF FATHER (State or Country), Not. Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michaling Struble

(Address) 508. S. Rose. St.

15- AUG 6 - 1916 Filed ..... 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 4 (Day), 191 6 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 191 6, to Aug 4 191 6, that I saw h[illegible] alive on Aug 3 191 6, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Weakness of Heart

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) W. J. Krauth M. D.

Aug 5, 191.. (Address) 2018 Eutaw St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Aug. 7, 1916

20-UNDERTAKER William Fiaschetti ADDRESS 1618 Eastern ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C97148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C97148

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1629 Aliceanna ST.; W WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena Malinowska
(Residence in Baltimore: No. 1629 Aliceanna St.; yrs. 10 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: September 29, 1915
(Month) (Day) (Year)

7-AGE: yrs. 10 mos. 6 ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country): Baltimore.

PARENTS.

10-NAME OF FATHER: Jacob Malinowski
11-BIRTHPLACE OF FATHER (State or Country): Russian Poland.
12-MAIDEN NAME OF MOTHER: Antonia Kuczynska
13-BIRTHPLACE OF MOTHER (State or Country): Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Jacob Malinowski
(Address) 1629 Aliceanna St.

15-Filed AUG 6 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1916, to Aug 5 1916, that I saw her alive on Aug 3 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:
Gastro-Enteritis
(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. M. Deleroth M. D.
Aug 5, 1916 (Address) 621 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Aug. 6, 1916.
UNDERTAKER Wm Fiallowski ADDRESS 1618 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B c97149 c97149

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; W WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mark Berman

(Residence in Baltimore: No. 720 S Broadway St.; 22 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, (Month) May (Day) (Year) 1894

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Groceries

9-BIRTHPLACE, (State or Country), Baltimd

PARENTS.

10-NAME OF FATHER, Philipp Berman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fatia Sachs

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Balto St

15- Filed AUG 6 1916, 19.. HARRY O. ANDREAE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) May (Day) 5, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from 7/29, 1916, to 8/5 1916, that I saw h alive on 8/5 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Ruptured appendicitis with abscess under liver

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno. R. Oppenheimer M. D.

8/5, 191.. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 22 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 720 S Broadway

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale DATE OF BURIAL, 8/6, 1916

20-UNDERTAKER Jos. Lewis ADDRESS 1411 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C97150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97150

REGISTERED NO. C 78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N. Milton Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruby M Callaghan

(Residence in Baltimore: No. 9 N Milton Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: May (Month) 21 (Day), 1896 (Year)

7-AGE: 20 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John R Callaghan

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Mary Hobner

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Callaghan

(Address) 9 N Milton Ave

15- AUG 6 - 1916 Filed....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: August (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1916, to Aug 3 1916, that I saw her alive on August 4 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Pericarditis

(Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) — yrs. — mos. 3 ds.

(Signed) Rivis Thayer M. D.

Aug 5, 1916. (Address) 819 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Aug 7

20-UNDERTAKER: Chas F. Evans & Son — ADDRESS: 118 Pont St.

Spec.—8-24-14—M. & T.—2000 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97151 — 20 — C97151

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isidora Fodnk—

(Residence in Baltimore: No. Hebrew Orphan asylum St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 3 (Day), 1906 (Year)

7-AGE, 9 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) School boy.

9-BIRTHPLACE, (State or Country) Balto Maryland—

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) Hebrew Hospital

15-

Filed AUG 6 - 1916, 191.. HARRY C. ANDREWS Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 4 1916, to Aug 5 1916, that I saw him alive on Aug 5, 1916, and that death occurred, on the date stated above, at 9.45a m.

The CAUSE OF DEATH* was as follows:

1. Septicaemia
(Could find no direct cause)
(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Meningismus
(Duration) yrs. mos. 1/2 ds.

(Signed) M. Rosken M. D.

Aug 5, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 9 yrs. 8 mos. 2 ds.

Where was disease contracted, if not at place of death? Hebrew Orphan Asylum

Former or usual residence Hebrew Orphan asylum

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew Cem — DATE OF BURIAL, Aug 7, 191..

20-UNDERTAKER David Londheim — ADDRESS 1180 W. Royal Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97152

CERTIFICATE OF DEATH.

79

REGISTERED No. C

C97152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 W Fayette St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Thompson

(Residence in Baltimore: No. 1036 W Fayette St. St.; 76 yrs. 11 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Aug 7 1839, 1
(Month) (Day) (Year)

7-AGE, 76 yrs. 11 mos. 27 ds.

If LESS than 1 day. ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Mahaney

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lusa Ciuser

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Kuhner

(Address) 1000 W. Fayette St.

15- AUG 6 • 1916
Filed....., 191.....
HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1916, to August 5 1916, that I saw h[illegible] alive on August 4 1916, and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

a Chronic Endocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Same

(Duration) yrs. mos. ds.

(Signed) G. W. Billups M. D.

Aug. 6., 191.6 (Address) 722 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mt. Cem. DATE OF BURIAL, Aug 6., 191.6

20-UNDERTAKER Geo. J. Arndt. ADDRESS 1000 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97153

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97153

CERTIFICATE OF DEATH.

90 C97153

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 W Ostend ST. 21 WARD) REGISTERED NO. C

2-FULL NAME Lena Zimmer

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1421 W Ostend St St.; 75 yrs., 5 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH. February 19th, 1841 (Month) (Day) (Year)

7-AGE. 75 yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). Keeper

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER Lewis Wode

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Blair

(Address) 44 S. Poppleton Ste.

15- Filed AUG 6 - 1916 No. HARRY C. ANDERS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 1916, to August 4 1916, that I saw h— alive on July 4th 1916 and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Paralysis of Heart

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Senile Bronchitis & Asthma

(Duration) 1 yrs. mos. ds.

(Signed) Sheppard Davis M. D.

Aug 6, 191.. (Address) 1127 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Southern Norfolk Wharf Norfolk Va. DATE OF BURIAL. Aug. 6th, 1916.

20-UNDERTAKER John J Cowan, Son. ADDRESS 901 Hollins St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97154 120 C97154

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Ringgold St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L Younghenn

(Residence in Baltimore: No. 303 Ringgold St St.; 36 yrs., 10 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, September 28, 1879 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
36 yrs. 10 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Younghenn

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Jennie Hunter

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Younghenn

(Address) 303 Ringgold

AUG 6 - 1916

Filed ....., 191.... HARRY C. ARBELEW Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1916, to Aug 5 1916, that I saw h im alive on Aug 5 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 4 ds.

(Signed) Edw Grandt M. D.

Aug 6., 1916. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Aug 8., 1916
20-UNDERTAKER John Heavan Son	ADDRESS 907 Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

C97155

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97155

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Bank ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pasquale Gerardo

(Residence in Baltimore: No. 1510 Bank St.; 12 yrs., 0 mos., 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 2, 1872 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
43 yrs. 11 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Store keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Confectionery Store

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Pasquale Gerardo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Pasquale wife

(Address) 1510 Bank St

15- Filed AUG 6 - 1916, 191.... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191....., that I saw h.....alive on .....191....., and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cem.	Aug 7, 191 6
20-UNDERTAKER	ADDRESS
George J. Ruth	1735 Harford Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Blks.

C97156

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97156

104

CERTIFICATE OF DEATH.

D

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Uneth St ST. 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Floyd

(Residence in Baltimore: No. 504 N. 26th St St.; .....yrs., 9 mos. 2 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov 2d, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Harry Floyd

11-BIRTHPLACE OF FATHER (State or Country), Balt Md

12-MAIDEN NAME OF MOTHER Gilliam Rann

13-BIRTHPLACE OF MOTHER (State or Country), Balt Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Floyd.

(Address) 504 N 26th St.

15-

Filed AUG 6 - 1916 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Aug 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to Aug 4 1916, that I saw h alive on Aug 4, 1916, and that death occurred, on the date stated above, at 7:30 m. 7 pm

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

.....

.....

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Cholera infantum

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) .....M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Aug 6th, 1916

20-UNDERTAKER Geo Leinbach & Son

ADDRESS 647 N Bath St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97157 104 C97157

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 857 Columbia Ave ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew V Byron

(Residence in Baltimore: No. 857 Columbia Ave St.; ...yrs., —mos. —ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 28 (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Norfolk Va

PARENTS.

10-NAME OF FATHER, William Byron

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Catherine Stoll

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine Byron

(Address) 857 Columbia Ave

15- AUG 6 - 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st 1916, to Aug 4 1916, that I saw him alive on Aug 4 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

.....Cholera Infantum.....

..... (Duration)...yrs.....mos...6...ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration)...yrs.....mos. 1 ds.

(Signed) Edw Meagher M. D.

517 Scott St. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem DATE OF BURIAL, Aug 7, 1916

20-UNDERTAKER Geo Leinbach & Son ADDRESS 6874 Reisterst

Spec.—5-19-13—M. & T.—500 Bks.

C97158 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 64 C97158

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. General German Aged Home ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emilie Reiche

(Residence in Baltimore: No. N. E. Cor Baltimore & Payson St.; unknown about 3 yrs., 4 mos. in the Home ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 17 (Day), 1847 (Year)

7-AGE 68 yrs. 9 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Braunschweig Germany

PARENTS.

10-NAME OF FATHER, Augusta Reiche

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louise Stoltze

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Records of German Aged Home
(Address) Baltimore Md.

15- AUG 6 - 1916 HARRY C. ARNSETH
Filed....., 191.... Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1916, to Aug 5 1916, that I saw h.r alive on Aug 3 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy 1 hr
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(Duration) many yrs. ....mos. ....ds.

(Signed) F. M. Hobelmann M. D.

Aug. 5 1916 (Address) 1908 N. Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 4 mos. ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence General German Aged Home

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 7, 1916

20-UNDERTAKER J. B. Cook — ADDRESS 1037 Balto St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C97159 C97159

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 14 N. Monroe St. St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. C. Beck, Jr.

(Residence in Baltimore: No. 14 N. Monroe St.; Life/ yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: White — 5-SINGLE ~~MARRIED WIDOWED DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Jan. (Month) 19 (Day), 1916 (Year)

7-AGE: yrs. 7 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto md

PARENTS

10-NAME OF FATHER: Geo C Beck

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Emma Brady

13-BIRTHPLACE OF MOTHER (State or country): Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo C Beck

(Address) 14 N Monroe St

15- Filed AUG 6 - 1916, 191

HARRY O. ANDREWS
Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1916, to Aug. 4 1916, that I saw him alive on Aug 4, 1916, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Convulsions of infants

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (SECONDARY) Enteritis & Teething

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) E. F. Dickey M. D.

Aug 4, 1916. [Address] 14 N. Monroe St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: AUG 6 - 1916

20-UNDERTAKER: Geo A Gerber — ADDRESS: Baltimore

Item is very important. See instructions on back of certificate.

C97160

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C97160

1-PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 3017 Harrisson Ave ST.: 9 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L McGovern

(Residence in Baltimore: No. 1302 Augusta St St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown, 1875 (Month) (Day) (Year)

7-AGE: 41 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): (School)

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: James McGovern

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss McGovern

(Address) 3017 Harrisson Ave

15- AUG 6 - 1916 Filed ... 191 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 8th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1916, to Aug 3d 1916, that I saw h[er] alive on Aug. 3d, 1916, and that death occurred, on the date stated above, at 7.00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 0 yrs. 0 mos. 5 ds

Contributory (SECONDARY) Hypertension (B.P. 270 max)

(Duration) ... yrs. 6 mos. 0 ds. +

(Signed) Gordon Pinkerton M. D.

Aug 8th, 1916. (Address) 42 Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral | DATE OF BURIAL: Aug 7, 191[6]

20-UNDERTAKER: M Fahey & Sons | ADDRESS: 106 Lafayette Ave

HARRY C. ANDRETTA Burial Permit Clerk

IMPORTANT—CERTIFICATE OF DEATH must be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

Spec.—5-19-12—M. & T.—500 Bks.

C97161

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97161

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Mosher ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph O Toole.

(Residence in Baltimore: No. 1104 Mosher St

St.: — yrs.. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 21 (Day), 1871 (Year)

7-AGE, 45 yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Policeman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Peter O Toole

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget McDonough

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Selina O-Toole

(Address) 1104 Mosher St

15- AUG 6 - 1916 Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1916, to Aug 4 1916, that I saw h[illegible] alive on Aug 4 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

Heart, (Dilatation) about 2

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

Uraemic Poisoning 1/2

(Duration) yrs. mos. ds.

(Signed) E R Davis M. D.

Aug 5, 1916 (Address) 923 N Canal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral | DATE OF BURIAL, Aug 8, 1916

20-UNDERTAKER A Fahey & Sons | ADDRESS 606 Lafayette

C97162 C97162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 16 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 319 N. Charles ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Clancy

(Residence in Baltimore: No. 924 N. Gilmor St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown 1880
(Month) (Day) (Year)

7-AGE, 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John D. Clancy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Agnes Orr

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Clancy

(Address) 924 N. Gilmor St

15- AUG 6 - 1916 Filed 191.. HARRY O. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest, (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv. Ao Carp.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis Respiratory Center

(Duration) yrs. mos. ds.

(Signed) A. T. Wilson M. D.
(Coroner)

Aug 5, 1916 (Address) 1639 Bonds

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs mos ds. In the State Life yrs mos ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 924 N. Gilmor St

19-PLACE OF BURIAL OR REMOVAL, St Mary's Govans DATE OF BURIAL, Aug 7, 1916

20-UNDERTAKER M. Tahaney & Sons ADDRESS 606 Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97163 C97163

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2865 W. Lanvale St.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Edward Lobkin

(Residence in Baltimore: No. 2865 W. Lanvale St.; 37 yrs., 10 mos., 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 24, 1878 (Month) (Day) (Year)

7-AGE, 37 yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): R R C

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John W. Lobkin

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Caroline Peregoy

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lobkin

(Address) 2865 W. Lanvale

15- AUG 6 - 1916 Filed ....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1916, to Aug 5 1916, that I saw him alive on Aug 5 1916, and that death occurred, on the date stated above, at 10:50 m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

Don't Know (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) T. B. Larynx

(Duration) ....yrs. ....mos. ....ds.

(Signed) John W. Fratant M. D.

Aug 6, 1916. (Address) 1003 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, 8, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave

C97164

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97164

CERTIFICATE OF DEATH.

150

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1514 Preestman ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME no Name Infant Johnson

(Residence in Baltimore: No. 1514 Preestman St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Aug. 3 (Month) (Day) 1916 (Year)

7-AGE, 2 hours ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Howard Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margery Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1514 Preestman

15- AUG 6 - 1916 HARRY G. ANDREWS

Filed ....., 191.. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Aug. 4 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Non Communicable

Premature Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

(Coroner) [illegible], 191.. (Address) 5104 Seton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State None yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

None

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion

DATE OF BURIAL, Aug 6, 1916

20-UNDERTAKER James F. Dunn

ADDRESS 1303 Preston

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000—[illegible].

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97165

CERTIFICATE OF DEATH.

104 C97165

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Brannock

(Residence in Baltimore: No. 1035 Maldies St Sick ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, July (Month) 2 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 12 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Joseph Brannock

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Adelaide Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G J Smith

(Address) Johns Hopkins Hospital

15- Filed AUG 7 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 5 1916, to August 6 1916, that I saw him alive on August 6 1916, and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

..... Malnutrition .....

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Intestinal Indigestion

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Gilbert W Rountree M. D.

August 6, 191 6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 1035 Maldies St

19-PLACE OF BURIAL OR REMOVAL, Druid Hill

DATE OF BURIAL, Aug 8, 1916

20-UNDERTAKER, Ralph J Turner

ADDRESS 1424 Brady

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97166 C97166

CERTIFICATE OF DEATH.

61

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Brown

(Residence in Baltimore: No. 2014 Mace St St.; 1 yrs., 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 10 (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Annie Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- Filed AUG 7 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to August 5 1916, that I saw h m alive on August 5 1916, and that death occurred, on the date stated above, at 3.05 p m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebrospinal Meningitis

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) ~~Gilbert & Rosenthal~~

(Duration) yrs. mos. ds.

(Signed) Gilbert F. Rosenthal M. D.

Aug. 5., 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State yrs. mos. ds. ✓

Where was disease contracted, if not at place of death? ✓

Former or usual residence 2014 Mace St

19-PLACE OF BURIAL OR REMOVAL, Samuel Ann — DATE OF BURIAL, Aug. 7., 191.6

20-UNDERTAKER John H. Toadvine — ADDRESS 142 Wilkens St

Spec.—8-24-14—M. & T.—2000 Bks.

C97167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C97167

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Leaden hall ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Byers

(Residence in Baltimore: No. 918 Leaden hall St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... July ....., 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, Saundus Byars

11-BIRTHPLACE OF FATHER (State or Country), S. C

12-MAIDEN NAME OF MOTHER Nancy Durer

13-BIRTHPLACE OF MOTHER (State or Country), S. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mrs Brown .....

(Address) ... 918 Leadenhall St

15- AUG 7 - 1916
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... August 5 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1916, to Aug 5 1916, that I saw h[illegible] alive on Aug 5 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

..... Phthisis Pulmonalis .....
..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M.D.
8/5., 1916 (Address) 2005 O'Fallon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Aug. 8., 1916

20-UNDERTAKER John H. Toadvine — ADDRESS 143 W. Fred St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97168

CERTIFICATE OF DEATH.

C97168

REGISTERED NO. C 1920

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 E. Baltimore ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Gorfinz

(Residence in Baltimore: No. 901 E. Baltimore St.; 7 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Aug. (Month) 1 (Day), 1846 (Year)

7-AGE, 70 yrs. — mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Benj. Shapiro

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Cyril Dorfan

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sarah Ginsburg

(Address) 901 E. Baltimore St.

15- AUG 7 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st 1915, to Aug 6th 1916, that I saw her alive on Aug 6th 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Chronic parenchymatous nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Anasarca

(Duration) yrs. 3 mos. ds.

(Signed) Benj. Kadrr M. D.

Aug 8, 1916 (Address) 252 N. Payson St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence:

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rodedale — DATE OF BURIAL, 8/7, 1916

20-UNDERTAKER Jack Levis — ADDRESS 1411 E. Balt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97169 C97169

CERTIFICATE OF DEATH.

114

REGISTERED NO. C

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Monument ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian M. Berger

(Residence in Baltimore: No. 1629 N. Caroline St.; 53 yrs., 6 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, January (Month) 18th (Day), 1863 (Year)

7-AGE,	If LESS than 1 day,
53 yrs. 6 mos. 18 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edward Childress

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary J Brown

13-BIRTHPLACE OF MOTHER (State or Country), Washington D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry K Berger

(Address) 1629 N. Caroline St

15-

Filed AUG 7 m. 1916 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22nd 1916, to August 5 1916, that I saw h er alive on August 5 1916, and that death occurred, on the date stated above, at 1.50 p m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis, & Myocardia

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Asthma (Duration) yrs. mos. ds.

(Signed) M B Lewis M. D.

8 15, 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 14 ds. In the State 53 yrs. 6 mos. 17 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1629 N Caroline St

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cemetery	Aug 7th, 1916
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97170

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97170

CERTIFICATE OF DEATH.

63

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 W. Lexington St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia C. Jones

(Residence in Baltimore: No. 1104 W Lexington St.; 2 yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 5, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. mos. 1 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Walter J. Jones

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Julia Ringgold

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter J. Jones

(Address) 110 4 W Lexington

15- AUG 7 - 1916

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 6th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1916, to Aug 6 1916, that I saw her alive on Aug 6 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Infantile Paralysis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. A. Haddock M. D.

Aug 6, 1916 (Address) 117 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Aug 7, 1916

20-UNDERTAKER Samuel T. Hendrix — ADDRESS 578 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97171 104 C97171

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 Bloomberry ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carter R. Wilson

Residence in Baltimore: No. 115 Bloomberry St.; 1 yrs., 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mar (Month) 2 (Day), 1915 (Year)

7-AGE, 1 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Harry N. Wilson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hadden Carrey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wilson

(Address) 115 Bloomberry

15- AUG 7 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 22 1916, to Aug 5 1916.

That I saw him alive on Aug 5 1916,

and that death occurred, on the date stated above, at 4.00 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. D. Campbell M. D.

Aug 6, 1916 (Address) 6 E Hamilton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Ste Marys Cem Hamsden — DATE OF BURIAL, Aug 7, 1916

20-UNDERTAKER P. J. M. D. Flynn — ADDRESS 1422 Light St

C97172 HEALTH DEPARTMENT--CITY OF BALTIMORE

C97172

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C97172

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 509 S. Hanover St. 22 WARD)

Registered No. C .....

. (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margt Krauss

(Residence in Baltimore: No. 509 S Hanover St St.: yrs. 9 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: ~~Nov~~ Aug 8, 1915 ~~1916~~ (Month) (Day) (Year)

7-AGE: — yrs. 8 mos. 28 ds.

If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: ~ None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Krauss

11-BIRTHPLACE OF FATHER (State or country): Dont Know.

12-MAIDEN NAME OF MOTHER: Dont Know.

13-BIRTHPLACE OF MOTHER (State or country): Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Sr. Teresa

(Address) 509 Hanover St.

15 AUG 7 - 1916

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12, 1916, to. Aug 6 1916.
that I saw her alive on aug 5, 1916.
and that death occurred, on the date stated above, at 6.30 p.m.
The CAUSE OF DEATH* was as follows:

Gastroenteritis

(Duration) ..... yrs. ..... mos. 21 ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John A. Luebeker M. D.

Aug 8, 1916 (Address) 1025 Mad Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Aug 7, 1916

20-UNDERTAKER: [illegible] & Flynn

ADDRESS: 1421 Light

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Eleanor Skinner

Spec.—8-24-14—M. & T.—2000 Bks.

Eleonora Sliwinski

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97173 104 C97173

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 S Patterson Park ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleonora Sliwinski

(Residence in Baltimore: No. 631 S Patterson Park St.; 1 yrs., mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: (Month) Dec 12, (Day) 191 (Year)

7-AGE, 1 yrs. 20 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER: Leonard Sliwinski

11-BIRTHPLACE OF FATHER (State or Country): Philadelphia Pa

12-MAIDEN NAME OF MOTHER: Mary Tomaszewski

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard Sliwinski

(Address) 631 S. Patterson Park Ave

15-

Filed AUG 7 - 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1916

17. I HEREBY CERTIFY, That I attended deceased from July 31 191 to Aug 6 191

that I saw h alive on Aug 5 191

and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) 14 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. ds.

(Signed) D J Gossard M. D.

(Address) 808 Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary — DATE OF BURIAL: Aug 7, 191 6

20-UNDERTAKER: H. S. Sadowski — ADDRESS: 405 S. Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C97174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97174

REGISTERED No. C 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 N. 36th. St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Altha R. Ruby

(Residence in Baltimore: No. 1401 N. 36th. St. St.; 5 yrs. 11 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug. (Month) 16, (Day) 1910 (Year)

7-AGE, 5 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs, or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jonas E. L. Ruby

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie M. Hare

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jonas E. L. Ruby

(Address) 1401 N. 36th St.

15- AUG 7 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 7, (Day) 1916. (Year)

I HEREBY CERTIFY, That I attended deceased from July 31, 1916, to Aug 7, 1916, that I saw her alive on Aug 6, 1916, and that death occurred, on the date stated above, at 4:45 A.m.

The CAUSE OF DEATH* was as follows:

(a) Uraemia

(b) Chronic Nephritis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry L. Hyde M. D.

Aug. 7, 191.6 (Address) 3640 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hampstead Md. | DATE OF BURIAL, Aug. 8, 1916

20-UNDERTAKER Horace Dunque & Son | ADDRESS 363 Fallsd.

C97175

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97175

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 815 Hanover ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel Bailey c

(Residence in Baltimore: No. 815 Hanover St.; yrs., 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-Sex, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, May 31, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick Bailey c

11-BIRTHPLACE OF FATHER (State or Country), N C

12-~~MAIDEN~~ NAME OF MOTHER, Ray Williams c

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ray Williams (mother)

(Address) 815 Hanover St

15- JG 7 - 1916

Filed ....., 191.... L

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Ramhardt (Coroner) M. D.

Aug 5, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Aug 7, 1916

20-UNDERTAKER J. R. Brosius & Son

ADDRESS 108 W Mulberry

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97176 C97176

CERTIFICATE OF DEATH.

63

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 N. Port ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilla August Leimkuhler

(Residence in Baltimore: No. 621 N. Port St.; ..... yrs., 11 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 29, (Day) 1915 (Year)

7-AGE, ... yrs. 11 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, August Leimkuhler

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Maria Hebbel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Leimkuhler

(Address) 621 N. Port St.

15- Filed AUG 7 - 1916, 191.... Registrar. L

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 6 (Day) 16, (Year) 191...

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to Aug 6 1916, that I saw him alive on Aug 6 1916, and that death occurred, on the date stated above, at 11 00 a m.

The CAUSE OF DEATH* was as follows:

Lumbar Paralysis

(Duration) ..... yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. C. Hellen M. D.

Aug. 7, 1916. (Address) 716 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, Aug. 7 1916

20-UNDERTAKER Christian Muller — ADDRESS 235 S. Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97177

HEALTH DEPARTMENT—CITY OF BALTIMORE

41 C97177

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Clifton Ave WARD) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E. Dunahue

(Residence in Baltimore: No. 3706 Clifton Ave St.; 80 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): widow

6-DATE OF BIRTH: March (Month) 29 (Day), 1831 (Year)

7-AGE: 85 yrs. 4 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Georgetown D. C.

PARENTS.

10-NAME OF FATHER, Samuel T. Nicholls

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Tosa Young

13-BIRTHPLACE OF MOTHER (State or Country), Montgomery Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. E. Donahue

(Address) 3706 Clifton Ave

15-

Filed AG 7-1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Aug 6 1916, that I saw her alive on Aug 6 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast

Exhaustion

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. F. C. Wilkins M. D.

Aug 7, 191.6 (Address) 2737 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemy — DATE OF BURIAL, Aug 8, 191.6

20-UNDERTAKER Jos Jourdan's Son — ADDRESS 217 S. Pac

C97178

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

C97178

B

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2807 W. North Ave. ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marcella Shaw

(Residence in Baltimore: No. 2807 W. North ave St.: 19 yrs. 0 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: April (Month) 1 (Day), 1870 (Year)

7-AGE: 46 yrs. 4 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Holland Hughes

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Lou Emma Hayden

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marguerite Shaw

(Address) 2807 W. North Ave.

15- AUG 7 - 1916

Filed ....., 191.... L

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20, 1916, to, August 4, 1916, that I saw h.er alive on August 4 1916, and that death occurred, on the date stated above, at 4.15 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma - left breast

(Duration) 5 yrs 7 mos. — ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), Henry T. Colkenberg M. D.

August 6, 1916 [Address] 3103 Clifton Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem. | DATE OF BURIAL: Aug 7, 1916

20-UNDERTAKER: H. Pickelsimer & Son | ADDRESS: North ave.

C97179

HEALTH DEPARTMENT---CITY OF BALTIMORE

C97179

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C97179

B

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1526 N Eden St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Wiggin Wivil

(Residence in Baltimore: No. 1526 N Eden St.; 3 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan 2-2 (Month) (Day), 1916 (Year)

7-AGE: — yrs. 6 mos. 14 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: no.
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Harrington Del.

PARENTS

10-NAME OF FATHER: Wm Wivil

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Mary Jones

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Nettie Radcliff

(Address): 1526 N. Eden

15- Aug 7 - 1916

Filed ....., 191 ..... 2 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1916, to, Aug 5 1916, that I saw h~~im~~ alive on Aug 4 1916 and that death occurred, on the date stated above, at 7.25 a m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

2 weeks (Duration) ... yrs ... mos ... ds.

Contributory (SECONDARY) —

(Duration) ... yrs ... mos ... ds.

(Signed), W. T. Talley. M. D.

Aug 5, 1916 [Address] 1639 Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Aug 7, 1916.

20-UNDERTAKER: H. C. Friedfeld & W. Brumm Son — ADDRESS: ...

C97180

C97180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

63

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2045 Woodberry ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna E. Pedersen

(Residence in Baltimore: No. 2045 Woodberry ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Baby

6-DATE OF BIRTH: June (Month) 15 (Day), 12 (Year)

7-AGE: 4 yrs. 3 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore City Md

PARENTS.

10-NAME OF FATHER: Jermiah Pederson

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Ruby Rudesille

13-BIRTHPLACE OF MOTHER (State or Country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- AUG 7 - 1916

Filed ....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Poliomyelitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Lincoln Morrison M. D.

(Address) 1632 Eutaw Pl.

Aug 7 1916

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: St Marys Hampden — DATE OF BURIAL, Aug 7 1916

20-UNDERTAKER: E. L. Steffler — ADDRESS 844 W Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97181 104 C97181

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 566 Orchard ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Butcher Jr

(Residence in Baltimore: No. 566 Orchard St.: 1 yrs., 4 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 30, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Charles Butcher

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lucinda Quarles

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Lincoln

(Address) 566 Orchard Ave

15-

Filed Aug 7 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 5 1916, to Aug 6 1916, that I saw h~~im~~ alive on Aug. 6 1916, and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Diarrhea and Enteritis

(Duration) 1 yrs. 5 mos. 10 ds.

CONTRIBUTORY (Secondary) Rickets

(Duration) 1 yrs. 5 mos. 6 ds.

(Signed) Jno. G. Thiele M. D.

Aug 6, 1916 (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W.P. Auburn — DATE OF BURIAL, Aug 7, 1916

20-UNDERTAKER David Easton — ADDRESS 916 Ea- ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE C97182

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97182 C97182

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 S. Sharp ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Dalby

(Residence in Baltimore: No. 938 S Sharp St.: —yrs.,— mos.,— ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, ~~Male~~ Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November (Month) 5 (Day), 1844 (Year)

7-AGE, 72 yrs. 9 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Auburande Indre (France)

PARENTS.

10-NAME OF FATHER, Jean Pasquett

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Jeanne Renard

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fergania A. Gibson

(Address) 938 S Sharp St

15- AUG 7 - 1916

Filed....., 191.... L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 3 1916, to Aug 6 1916, that I saw her alive on Aug 5 1916, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis

(Duration) 5 yrs. ....mos. ....ds.

(Signed) Herman C. Todd, M. D.

8/6..., 1916 (Address) 735 D. Dulman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, Aug 6..., 191 6

20-UNDERTAKER Fred A Krause

ADDRESS 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

C97183

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97183

CERTIFICATE OF DEATH.

29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Pennsylvania Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F Thornton

(Residence in Baltimore: No. 1900 Pennsylvania Ave St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 11, 1876 (Month) (Day) (Year)

7-AGE, 40 yrs. 4 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chauffer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Taxi Cab Co

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, John F Thornton

11-BIRTHPLACE OF FATHER (State or Country) New York

12-MAIDEN NAME OF MOTHER Mary Kneed

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Thornton

(Address) 1900 Pennsylvania

15-

AUG 7 — 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 6th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to Aug 6 1916, that I saw h imalive on Aug 6th 1916, and that death occurred, on the date stated above, at 8 10a m.

The CAUSE OF DEATH* was as follows:

Chronic Miliary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James Brown M. D.

Aug 6, 1916 (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL, 8/8, 1916

20-UNDERTAKER Williams Cook — ADDRESS 502 E North

C97184

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97184

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 2079

CITY OF BALTIMORE (No. 973 W Baltimore St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and nomber and fill out No. 18.)

2-FULL NAME Jane Smith

(Residence in Baltimore: No. 973 W Baltimore St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown, 1830 (Month) (Day) (Year)

7-AGE: 86 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS

9-BIRTHPLACE (State or country): Unknown

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm F Smith

(Address) 973 W Baltimore

15 AUG 7 - 1916 Filed , 191 Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 5th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 5th, 1916, to Aug 5 1916, that I saw her alive on Aug 5 1916, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of the Heart (Mitral insufficiency)

unknown (Duration) yrs. mos. ds

Contributory (SECONDARY) Acute Indigestion.

(Duration) — yrs. — mos. 1 ds.

(Signed) Charles Getz, M. D.

Aug 6, 1916 (Address) 1116 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: Aug 8, 1916

20-UNDERTAKER: J. J. Talbot Son | ADDRESS: 318 Eutaw

is very important. See instructions on back of certificate.

OCCUPATION

Spec.—8-24-14—M. & T.—2000 Bks.

C97185

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97185

CERTIFICATE OF DEATH.

82

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2629 Fait Ave ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Moody

(Residence in Baltimore: No. 2629 Fait Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, May (Month) 14 (Day), 1837 (Year)

7-AGE, 79 yrs. 2 mos. 22 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Captain
(b) General nature of industry, business, or establishment in which employed (or employer): Mariner

9-BIRTHPLACE, (State or Country), Boston Mass

PARENTS.

10-NAME OF FATHER, John Moody

11-BIRTHPLACE OF FATHER (State or Country) Scotland

12-MAIDEN NAME OF MOTHER Amelia Woods

13-BIRTHPLACE OF MOTHER (State or Country) Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Lula M. Moody Daughter

(Address) 2629 Fait Ave

15-

AUG 7 - 1916

Filed ..., 191... 2

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from June, 1916, to Aug 5 1916, that I saw h[illegible] alive on Aug 5 1916, and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis multiple

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) ... yrs. ... mos. 1 ds.

(Signed) W. J. McCurdy M. D.

Aug 7, 1916 (Address) 839 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Aug 8, 1916

20-UNDERTAKER J. H. & C. Hughes

ADDRESS 17 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C97186 HEALTH DEPARTMENT—CITY OF BALTIMORE C97186

B 91

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 1130 2. Stockton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Magdelena Wilson

(Residence in Baltimore: No. 1130 2. Stockton St.; ..... yrs., 10 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 11 (Day), 1915 (Year)

7-AGE, — yrs. 10 mos. 28 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Daniel Wilson

11-BIRTHPLACE OF FATHER (State or Country), Mt. Morris Co. Miss.

12-MAIDEN NAME OF MOTHER Magdelena Jordon

13-BIRTHPLACE OF MOTHER (State or Country), Mt. Morris Miss.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Branch

(Address) 1130 2. Stockton St.

15- AUG 7 - 1916

Filed ....., 191.... 4

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 6 - 1916, to Aug. 7 - 1916, that I saw h[illegible] alive on Aug. 6 - 1916, and that death occurred, on the date stated above, at 7-20 p. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. McCarthy M. D.

Aug. 7-, 1916 (Address) 906 2. Stockton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Mt. Auburn	Aug. 8, 1916
20-UNDERTAKER	ADDRESS
Jos. H. Crockett	Woodberry

C97187 C97187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1020 N. Vincent St. 16 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Smith

(Residence in Baltimore: No. 1020 N Vincent St.; yrs., 10 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, August 7 [1915] 1915
(Month) (Day) (Year)

7-AGE, 10 yrs. 10 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto., Md

PARENTS.

10-NAME OF FATHER, William Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Fanny Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto., Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fanny Lee

(Address) 1020 N Vincent

15-

AUG 7 - 1916

Filed....., 191.... L
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cholera Infantum

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Status Epilepticus

(Duration) 1 yrs. 6 mos. 6 ds.

(Signed) T. Miller Ames M. D.
(Coroner)

Aug 7, 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? None

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Aug 7, 1916
20-UNDERTAKER	ADDRESS
Wm. H. Grace Son	400 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

C97188

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-24-14—M. & T.—2000 Bks.

C97188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C97188

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Kaffenberger Sr.

(Residence in Baltimore: No. 1224 N Patterson Park Ave.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. 10, 1858
(Month) (Day) (Year)

7-AGE, 58 yrs. — mos. — ds.

If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Store

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Adam Kaffenberger Sr.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Katherine Glaser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C H Kaffenberger

(Address) 1224 N. Patterson Park Ave

15- —

Filed AUG 7 - 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-19 1916, to 8-5 1916, that I saw h. M alive on 8-5 1916, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Localized Peritonitis

(Duration) — yrs. — mos. 17 ds.

(Signed) S. C. Hoke M. D.

8-5, 1916 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 17 ds. In the State Life yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Home.

Former or usual residence 1224 N Patterson Park Ave

19-PLACE OF BURIAL OR REMOVAL Baltimore DATE OF BURIAL, Aug 8, 1916

20-UNDERTAKER Robt Turner ADDRESS 1424 N. Broadway

C97189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97189

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 313 S. Bond St. ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Joseph Conway

(Residence in Baltimore: No. 313 S. Bond St. St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 6, 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. 4 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Conway

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sweeney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Conway

(Address) 313 S. Bond St.

15- AUG 2 - 1916

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Thomas Lyon Dunkley M. D.
(Coroner.)

Aug 6, 191.. (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Patricks Cemetery DATE OF BURIAL, Aug 8, 1916

20-UNDERTAKER Robt J. Turner ADDRESS 144 W. Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97190

CERTIFICATE OF DEATH.

28 C97190

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Ryans ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Price

(Residence in Baltimore: No. 1702 Regine St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), N Carolina

PARENTS.

10-NAME OF FATHER, John Fuller

11-BIRTHPLACE OF FATHER (State or Country), N Carolina

12-MAIDEN NAME OF MOTHER Roxcity Dayton

13-BIRTHPLACE OF MOTHER (State or Country), N Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Handy Lofton

(Address) 1907 Hanneman ave

15- Aug 7/16

Filed ....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to August 1916, that I saw was alive on August 4 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 1 yrs. 5 mos. 15 ds.

CONTRIBUTORY (Secondary) Lungs

(Duration) 1 yrs. 5 mos. 15 ds.

(Signed) D H W Kennard M. D.

August 5 1916 (Address) 707 Ensor st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Aug 8, 1916

20-UNDERTAKER John W Henderson

ADDRESS 319 N Carey st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97191

1-PLACE OF DEATH St Joseph's Hosp. 170 REGISTERED NO. C 97191

CITY OF BALTIMORE: (No. Catholic & Ohio St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Edelson

(Residence in Baltimore: No. St Joseph's Hosp. St.; ...yrs.,...mos.,...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) ?

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE, About 60 yrs. ...mos. ...da. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. M. Lawlor

(Address) 1624 N. Royal Ave

15-

Filed Aug 7, 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Aug 5 1916, that I saw h[illegible] alive on Aug 5 1916, and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious malaria

Exhaustion

(Duration) ...yrs. 2 mos. 4 da.

CONTRIBUTORY (Secondary) Tuberculosis pulmonary, (Duration) ...yrs. ...mos. ...da.

(Signed) Henry G. Merkle M. D.

Aug 5, 1916. (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 2 mos. 4 da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death? ?

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, 8.7..., 1916.

20-UNDERTAKER A. M. Lawlor

ADDRESS 1624 N. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C97192

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97192

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 S. Bethel ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Jackson

(Residence in Baltimore: No. 224 S. Bethel St.; 1 yrs. 4 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, April (Month) 8 (Day), 1915 (Year)

7-AGE, 1 yrs. 4 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Randolph J. Jackson

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Mary Turner

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. J. Jackson

(Address) 224 S. Bethel St.

15-

Filed AUG 7 - 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 2 1916, to Aug 6 1916, that I saw her alive on Aug. 6 1916, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert J. Green M. D.

Aug 8, 1916. (Address) 120½ Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	Aug. 8, 1916.
20-UNDERTAKER Arlan W Henderson	ADDRESS 319 Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

C97193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C97193

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2511 E. Fayette St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl a King

(Residence in Baltimore: No. 2511 E. Fayette St.; ....yrs., 5 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, February 21, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Arthur King

11-BIRTHPLACE OF FATHER (State or Country) Balto. Md.

12-MAIDEN NAME OF MOTHER Louise Hueter

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur King

(Address) 2511 E. Fayette St.

15- AUG 7 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5th, 1916.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 17th, 1916, to August 5th 1916, that I saw h[illegible] alive on August 5th 1916, and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. H. A. Meyer M. D.

Aug 6th, 1916. (Address) 1031 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park.	Aug 9th, 1916.
20-UNDERTAKER	**ADDRESS**
G. F. Wilcomb Co.	1931 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97194

CERTIFICATE OF DEATH.

C97194

REGISTERED NO. C 50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N. Chester St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George M. Werner.

(Residence in Baltimore: No. 731 N. Chester St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June 29 (Month) (Day), 1867 (Year)

7-AGE,	If LESS than 1 day,
67 yrs. 1 mos. 8 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, George P. Werner.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Volk.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Hessler

(Address) 731 N. Chester St.

15- Filed AUG 7 - 1916 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 6th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3rd 1909, to Aug 6th 1916, that I saw him alive on Aug. 6th 1916, and that death occurred, on the date stated above, at 2 10 a.m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma
Chron. D. Acidosis

24 Hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Gangrene both legs (Duration) 7 yrs. mos. ds.

(Signed) Amelia V. Zimmerman M. D.

Aug. 6th, 1916. (Address) 1806 W North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug 8, 1916.
20-UNDERTAKER Lilly & Zuler	ADDRESS 4038 S. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

C97195 HEALTH DEPARTMENT—CITY OF BALTIMORE C97195

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 S. Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond M. Sautter

(Residence in Baltimore: No. 25 S. Robinson St. St.; ..yrs. 4 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, March 31st, 1916
(Month) (Day) (Year)

7-AGE, ..yrs. 4 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore city.

PARENTS.

10-NAME OF FATHER, Charles G. Sautter

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Fannie Albers

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore city.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles G. Sautter

(Address) 25 S. Robinson St.

15-
AUG 7 - 1916 HARRY C. ANDERSON
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 191.., to Aug 4 1916, that I saw h[illegible] alive on Aug 4 191.., and that death occurred, on the date stated above, at 12.10 P m.

The CAUSE OF DEATH* was as follows:

.....Enteritis.....

..... (Duration)...yrs...mos. 15 ds.

CONTRIBUTORY (Secondary).....

..... (Duration)...yrs...mos...ds.

(Signed) J. K. Sautter M. D.

....., 191... (Address) 2338 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cem. DATE OF BURIAL, Aug 7th 191.6

20-UNDERTAKER Fuller & Zeiler ADDRESS 403 S. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C97196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 20

C97196

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Knobel

(Residence in Baltimore: No. Mercy Hospital St.; 5 yrs., mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Aug. (Day) 6, (Year) 1916

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cloth Cutter
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Georg Knobel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothea

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Magdalena Byrne

(Address) Mercy Hosp.

15- AUG 7 - 1916 Filed....., 191.....

HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug. (Day) 6, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from July 31 191 6, to Aug. 6 191 6 that I saw him alive on Aug 6 191 6, and that death occurred, on the date stated above, at 11:20 A. m.

The CAUSE OF DEATH* was as follows:

..... Chronic Interstitial Nephritis

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

..... (Duration) ..... yrs. 6 mos. 11 ds.

(Signed) Thos. E. Gahan M. D.

Aug 6, 191... (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 101 Eichelberger

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Aug. 7, 1916

20-UNDERTAKER John A Inman — ADDRESS Bank & Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97197

CERTIFICATE OF DEATH.

151

C97197

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97197 C97197

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 N. Glover ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Milton T. & Sarah E. Hudson

(Residence in Baltimore: No. 725 N. Glover St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 7 (Month) (Day) 16, (Year) 1

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 9 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS:

10-NAME OF FATHER, Milton T. Hudson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah E. League

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton T. Hudson

(Address) 725 N. Glover St.

15- Filed AUG 7 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 1916, to Aug 7 1916, that I saw her alive on Aug 7 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth about 6 months

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) Johnson Helmon M. D.

Aug 7, 1916. (Address) 1103 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, Aug. 7, 1916

20-UNDERTAKER Christian Miller — ADDRESS 733 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97198 C97198

CERTIFICATE OF DEATH.

X120

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C

CITY OF BALTIMORE: (No. 1514 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Christian J. Singhass

(Residence in Baltimore: No. Union Protestant Infirmary St.; — yrs., — mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 14 (Day), 1858. (Year)

7-AGE, 58 yrs. 1 mos. 31 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Baker S. Singhass

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Elizabeth Zacharias

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Hallsinger

(Address)

15- AUG 7 - 1916 HARRY O. ANDREWS

Filed 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1916, to Aug 6 1916, that I saw him alive on Aug 6 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 2 ds.

(Signed) R. T. Kieffer M. D.

Aug. 6, 1916 (Address) 1514 Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Ellicott City, Md.

Former or usual residence Ellicott City, Md.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olive Cemetery	Aug 7., 1916
20-UNDERTAKER Balto Co.	ADDRESS
C. Hallsinger Son	Ellicott City

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97199 C97199

Spec.—8-24-14—M. & T.—2000 Bks.

C97199

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97199

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2124 W. Northave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magnada J. Glaeser

(Residence in Baltimore: No. 2124 W. Northave St.; 37 yrs., 6 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 31 (Day), 1879 (Year)

7-AGE, 37 yrs. 6 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) Home Wife

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER John F. Smith

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Jane Linparth

13-BIRTHPLACE OF MOTHER (State or Country) England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Glaeser

(Address) 2124 W. Northave

15-

Filed AUG 7 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6 1916, to August 5 1916, that I saw h[illegible] alive on August 5 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Stated C. Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Fracture of hip (Accidental fall)

(Duration) ....yrs. 1 mos. 20 ds.

(Signed) Stephen D. Davis M. D.

August 6, 1916. (Address) 1227 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, Aug. 9., 1916

20-UNDERTAKER Wm. C. Black ADDRESS 927 N. Bdwy.

in 1227 Columbia

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97200 C97200

CERTIFICATE OF DEATH.

114

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie E. Bolton

(Residence in Baltimore: No. 1413 McCulloh St.; 20 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, August (Month) 15 (Day), 1874 (Year)

7-AGE, 41 yrs. 11 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Francis D. Lewis

11-BIRTHPLACE OF FATHER (State or Country) Frederick Md.

12-MAIDEN NAME OF MOTHER Columbia H. Trovell

13-BIRTHPLACE OF MOTHER (State or Country) Frederick Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Bolton

(Address) 1413 McCulloh St.

15-

Filed AUG 7 - 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2, 1916, to Aug 6, 1916, that I saw her alive on Aug 6, 1916, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Pyo. Cholecystitis!
Cholelithiasis months
General hepatic cancer

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Newcomer M. D.

Aug 7, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1413 McCulloh

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Aug 8, 1916

20-UNDERTAKER Thos G. Black

ADDRESS 1201 W. Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

C97201

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C97201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S Dallas ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Mascak

(Residence in Baltimore: No. 615 S Dallas St.; .....yrs., 3 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 6 (Day), 1913 (Year)

7-AGE, ...yrs. 3 mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant.....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaw Mascak

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Alexandriga Blazcak

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaw Mascak

(Address) 615 S Dallas St

15- AUG 7 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 6 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from July 15 1916, to Aug 6 1916, that I saw h[illegible] alive on Aug 6 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

.....6.....

..... Convulsions .....

.....

..... (Duration).....yrs.....mos. 23 .ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.

..... 191... (Address) 2938 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem — DATE OF BURIAL, Aug 7..., 1916.

20-UNDERTAKER Jacob Fialkowski — ADDRESS 428 S Bond St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97202 C97202

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Gross.

(Residence in Baltimore: No. St. Mary's County, Md. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) M

6-DATE OF BIRTH, unknown, 1915
(Month) (Day) (Year)

7-AGE, about 11 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Herzog

(Address) Nursery and Eutaw

15. AUG 7 - 1916 Filed, 191 HARRY G. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 3, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1916, to Aug. 3 1916, that I saw h[illegible] alive on Aug. 3 1916, and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible]

Aug 4, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 6 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? -

Former or usual residence St. Mary's County

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, AUG 4 1916, 191...

20-UNDERTAKER ADDRESS

COLLEGE OF P. & S.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97203 C97203

CERTIFICATE OF DEATH.

REGISTERED NO. C 78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 N. Fulton Ave ST.) 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Courtlan Carlisle Conser

(Residence in Baltimore: No. 1424 N. Fulton Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 23 (Day), 1855 (Year)

7-AGE, 61 yrs. 1 mos. 14 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) Builder

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Solomon L Conser

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Susana M. Fork

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Conser

(Address) 1424 N. Fulton Ave

15-

Filed AUG 7 - 1916 19... HARRY C. ANDREWS Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Aug 7 1916, that I saw h[im] alive on Aug 7 1916, and that death occurred, on the date stated above, at 6.40 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis,
Mitral Regurgitation
(Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Dyspnea
(Duration) ... yrs. 1 mos. ... ds.

(Signed) Chas. C. Conser M. D.

8. 7., 1916. (Address) 1101 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 9, 1916

20-UNDERTAKER Wm Cook — ADDRESS 501 E Northern

C97204 C97204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead at University Hospital ST.: 21 WARD)

(If death occurred in a hospitel or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James B. McCready.

(Residence in Baltimore: No. 770 Dover St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Colored	Single

6-DATE OF BIRTH, April 14, 1889
(Month) (Day) (Year)

7-AGE, 27 yrs. 3 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John McCready

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Carrie Cornish,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John McCready

(Address) 770 Dover St.

15- AUG 7 - 1916 HARRY C. ANGELOS
Filed....., 191..... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and Autopsy find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Internal hemorrhage into Chest caused by pistol shot, (Homicide)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Driscoll M. D.
(Coroner)

Aug 7., 1916. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	Aug 7, 1916

20-UNDERTAKER	ADDRESS
R. L. Parham	131 N Gloucester

Spec.—8-24-14—M. & T.—2000 Bks.

C97205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 108 C97205

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Newton Ayres

(Residence in Baltimore: No. 5 days in Hospital St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Unknown, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, John Ayres

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Elizabeth Demary

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Smith

(Address) Johns Hopkins Hospital

15 AUG 7 1916

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 1916, to August 5 1916, that I saw him alive on August 5 1916, and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF ~~DEATH~~* was as follows:

Intestinal Obstruction
Appendix abscess
13 (Duration) ...yrs. ...mos. ...days.

CONTRIBUTORY (Secondary) Operation
5 days (Duration) ...yrs. ...mos. ...ds.

(Signed) W. Burke M. D.

August 5 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 5 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Kennick W. Va.

19-PLACE OF BURIAL, OR REMOVAL, Kenick W Va — DATE OF BURIAL, Aug. 7, 1916.

20-UNDERTAKER Allen E Fuller — ADDRESS 221 N Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97206 C97206

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2121 McCulloh REGISTERED NO. C 79

CITY OF BALTIMORE: (No. ..... St.; 14 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredericka Lilienthal

(Residence in Baltimore: No. 2121 Mc Culloh St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 10th 1841 (Month) (Day), 1841 (Year)

7-AGE, 74 yrs. 10 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Feather Curler
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wol. Lorb

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Retta Paier

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H Blair

(Address) 2419 Woodbourne Ave

15- AUG 7 - 1916 Filed....., 191.... HARRY C ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Aug 1916, that I saw her alive on Aug 7 1916, and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Abraham Samuels M. D.

Aug 7, 1916 (Address) 1928 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, Aug 9, 1916.

20-UNDERTAKER J Aurens Co

ADDRESS 1611 Madison

Spec.—5-19-13—M. & T.—500 Bks.

C97207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C97207

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Ettinger ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Russell Keech

(Residence in Baltimore: No. 1117 Elling St ST.; yrs. 10 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Sept (Month) 9 (Day) 11 (Year) 1916

7-AGE, ~~1~~ yrs. 10 mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Ernest W Keech

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Emma Schlicht

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Ernest Keech

(Address). 1117 Elling St

AUG 7 - 1916

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1916, to Aug 5 1916, that I saw h in alive on Aug 5 1916, and that death occurred, on the date stated above, at 3 45 P m.

The CAUSE OF DEATH* was as follows:

Dysentery

(Duration) yrs. 10 mos. 28 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) yrs. 0 mos. 28 ds.

(Signed) E. W. Keech M. D.

8/7, 1916 (Address) 1230 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem

DATE OF BURIAL, 8/8, 1916

20-UNDERTAKER Edw C Hennessy

ADDRESS 1700 Bolton

C97208 C97208

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Reservoir St. St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Payne Butler

(Residence in Baltimore: No. 804 Reservoir St. St.; 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Unknown, 1 -- (Month) (Day) (Year)

7-AGE 81 yrs. -- mos. -- ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE (State or country)
Towson, Md.

PARENTS

10-NAME OF FATHER: Benjamin N. Payne

11-BIRTHPLACE OF FATHER (State or country): Harford Co., Md.

12-MAIDEN NAME OF MOTHER: Mary Cathcart

13-BIRTHPLACE OF MOTHER (State or country): Harford Co., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. James R. Brewer, Jr.

(Address) 804 Reservoir St.

15- AUG 7 - 1916 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to Aug 6 1916, that I saw h.. alive on Aug 6 1916, and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 7 yrs 6 mos. ds.

Contributory (SECONDARY) Pulmonary Congestion

(Duration) ... yrs. ... mos. 2 ds.

(Signed) Chas F Blom M. D.

Aug 7, 1916. [Address] 202 Rueb...

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery. DATE OF BURIAL: Aug. 8, 1916

20-UNDERTAKER: Nelson W. Mears & Son ADDRESS: 1050 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97209 C97209 x79

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Livsey

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 31, 1880 (Month) (Day) (Year)

7-AGE, 35 yrs. 7 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, J. W. Livsey

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Sally Anderson

13-BIRTHPLACE OF MOTHER (State or Country), W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- AUG 7 - 1916 HARRY C. A[illegible]

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 5 1916, to August 7 1916, that I saw h[illegible] alive on August 7 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 6? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) C. H. Bloomfield M. D.

Aug. 7, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Frankford W. Va.

19-PLACE OF BURIAL OR REMOVAL, Spring Creek W. Va

DATE OF BURIAL, Aug. 8, 1916

20-UNDERTAKER Elliott & Fuller

ADDRESS 921 N Broadway

C97210

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97210

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH

Registered No. C

CITY OF BALTIMORE (No. 102 E. Montgomery St. 22 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles A Sauerhoff

(Residence in Baltimore: No. 102 E Montgomery St.: 57 yrs. 11 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: August 31, 1858 (Month) (Day) (Year)

7 AGE: 57 yrs. 11 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Ship Joiner
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimor Md

PARENTS

10 NAME OF FATHER: John F Sauerhoff

11 BIRTHPLACE OF FATHER (State or country): New York

12 MAIDEN NAME OF MOTHER: Susan Gulley

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Virginia F Worthen Sister
(Address) 102 E Montgomery St

15 Filed AUG 7 - 1916 19..

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 6, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1916, to August 6 1916, that I saw him alive on August 6, 1916, and that death occurred, on the date stated above, at 9.20 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. ..... mos. ..... ds

Exhaustion

Contributory (SECONDARY) (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Eisenhardt M. D.

Aug 6, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Aug 8, 1916

20 UNDERTAKER: ARMSTRONG-DENNY CO.

ADDRESS: 715 Light St

is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1916
1859

CERTIFICATE OF DEATH

97211

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. Gen'l. Hospital ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Campbell

(Residence in Baltimore: No. Md General Hospital St.; yrs., mos. 6 hrs. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Oct. 7, 1859
(Month) (Day) (Year)

7-AGE, 26 yrs. 9 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md,

PARENTS.

10-NAME OF FATHER, John Campbell

11-BIRTHPLACE OF FATHER (State or Country), N. J.

12-MAIDEN NAME OF MOTHER Emma Fitzell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Campbell

(Address) 5 Huron Point

15-

Filed....., 191... Registrar.

AUG 7 - 1916 HARRY C. ANDREWS Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Accident (Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) ....a fall on

Head from a Crane 6 hours (Duration) ....yrs.....mos.....ds.

(Signed) ....M. D.
(Coroner.)

Aug. 7, 1916 (Address) 819 N. Conkling

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Sparrows Point Md.

Former or usual residence? St. Helena Md.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, Aug. 9, 1916.

20-UNDERTAKER Armstrong Denny Co.

ADDRESS 715 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97212 C97212

CERTIFICATE OF DEATH.

x78

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonarda Carta Curcuruto

(Residence in Baltimore: No. St Joseph's Hospital St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	married

6-DATE OF BIRTH, Not Known (Month) (Day), 1878 (Year)

7-AGE, 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) St. Joseph's Hospital

15- AUG 7 - 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 4 1916, to Aug 5 1916, that I saw her alive on Aug 5 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis ?

(Duration) 2 yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Acute dilitation (cardiac

(Duration) yrs. mos. ds.

(Signed) Kenneth McCollough M. D.

Aug 5, 1916. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State ? yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Mt Alton Plan. Co. Md.

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart | DATE OF BURIAL, Aug 8, 1916.

20-UNDERTAKER Chas. S. Evans & Son | ADDRESS 1131 W. Fort Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 C97213

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 S. Potomac St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Domenica Torani

(Residence in Baltimore: No. 508 S. Potomac St.; 30 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1873 (Year)

7-AGE, 43 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Italy

PARENTS.

10-NAME OF FATHER Peter Bertorelli

11-BIRTHPLACE OF FATHER (State or Country) Italy

12-MAIDEN NAME OF MOTHER Angelia

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Torani

(Address) 508 S. Potomac St.

15-

Filed AUG 7 - 1916, 191... HARRY G. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5, 1916, to Aug 7, 1916, that I saw h... alive on Aug 7, 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ...yrs. ...mos. ...ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, Aug. 9, 1916

20-UNDERTAKER Chas. F. Bruce & Son ADDRESS 1180 W. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97214

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97214

CERTIFICATE OF DEATH.

40 AUG 7 1916

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Park Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Meyers

(Residence in Baltimore: No. 1524 Park Ave St.; life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ ~~OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, Sept 5th (Month) (Day), 1848 (Year)

7-AGE, 67 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, John G. Meyers

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catharine M. Ferrkamp

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia H. Meyers

(Address) 1524 Park Ave

15- AUG 7 - 1916

Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 6 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1914, to Aug 6 1916, that I saw her alive on Aug 4 1916, and that death occurred, on the date stated above, at 8 14 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver

(Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D. Kemp M. D.

Aug 7..., 1916 (Address) 1425 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Green Mount

DATE OF BURIAL, Aug. 9th, 1916.

20-UNDERTAKER E. M. Mitchell & Co.

ADDRESS 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

C97215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x104

1-PLACE OF DEATH

REGISTERED NO. C 97215

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Cox

(Residence in Baltimore: No. Mercy Hospital St.; — yrs., — mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February (Month) 9 (Day), 1916 (Year)

7-AGE, ~~0~~ yrs. 5 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~schoolboy~~
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Samuel Cox

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mamon Gomer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. A. Byrne

(Address) Mercy Hospital

15- Filed AUG 7 1916 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 3 1916, to Aug. 6 1916, that I saw him alive on Aug. 6 1916, and that death occurred, on the date stated above, at 7 40 p.m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

(Duration) ....yrs. ~~mos.~~ 3 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Geo K Graham M. D.

Aug 7, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State 24 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Stillpond, Md.

19-PLACE OF BURIAL OR REMOVAL, Cheltenham Md — DATE OF BURIAL, Aug 8, 1916

20-UNDERTAKER Thurston Brown Co — ADDRESS 108 N Norths

C97216

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

C97216

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 2017 Woodbury Ave ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia M Winegard

(Residence in Baltimore: No. 2017 Woodbury Ave St.: yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct (Month) 13 (Day), 1873 (Year)

7-AGE: 42 yrs. 9 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Lee Kline

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Kath Shirley

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm H Winegard
(Address) 2017 Woodbrook Ave

15. AUG 7 - 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1916, to Aug 7 1916, that I saw her alive on Aug 6, 1916, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Contusion from Heart

(Duration) yrs. 1 mos. 4 ds.

(Signed) Fred C Jewett M. D.

Aug 7, 1916 (Address) 2516 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Broadway Va — DATE OF BURIAL: Aug 8, 1916

20-UNDERTAKER: Almon Hoff Son — ADDRESS: 361 Eastern Ave

Is very important. See instructions on back of certificate.

C97217

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C97217

1 PLACE OF DEATH

Registered No. C.....

CITY OF BALTIMORE: (No. 3403 Cedar Ave. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Martha A. Baker

(Residence in Baltimore: No. 3403 Cedar Ave St.; 23 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

~~5-SINGLE, MARRIED~~ WIDOWED OR ~~DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: August 15 1818. (Month) (Day) (Year)

7-AGE: 98 yrs. 6 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Penna

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Dunkle

(Address) 3403 Cedar ave.

15- AUG 7 - 1916 Filed ..... 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June, 1912, to, Aug 5 1916, that I saw her alive on Aug 3 1916, and that death occurred, on the date stated above, at 12 o'clock M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs ..... mos. ..... ds.

Contributory (SECONDARY) Uraemic Coma

(Duration) ..... yrs ..... mos. 5 ds.

(Signed) A. O. Shelley M. D.

Aug 5, 1916. [Address] 2542 Roland

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Middletown Md. DATE OF BURIAL: Aug 8 1916

20-UNDERTAKER: Dunover Bros & Son ADDRESS: 3617 Chestnut ave.

C97218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

C97218

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2415 E Monument St.; WARD)

2-FULL NAME Richard Owens

(Residence in Baltimore: No. 2415 E Monument St.; yrs. 43 mos. 8 ds. 1 d)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 4, 1872
(Month) (Day) (Year)

7-AGE, 43 yrs. 8 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Thos Owens

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Laura Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Owens

(Address) 2415 E Mont

15- Filed AUG 7 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) said that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Pistol shot below heart
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) H. R. Harley M. D.
(Coroner.)

191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	Aug 7, 1916
20-UNDERTAKER Christian Miller	ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97219 104 C97219

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Ashland Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha May Betzel

(Residence in Baltimore: No. 2102 Ashland Ave St.; — yrs., 9 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 14, 1915 (Month) (Day) (Year)

7-AGE, — yrs. 9 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Valentine Betzel

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Rosa G. Cole

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) V. Betzel

(Address) 2102 Ashland Ave

15- AUG 7 - 1916 HARRY C. ANDREWS Filed ..... 191.... Burial Permit Clerk

Registrar.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 7—1916, to Aug. 7—1916, that I saw her alive on Aug. 7—1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Enteritis - Gastritis

..... (Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin B. Feasby, M. D.

Aug 7, 1916 (Address) 1223 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, Aug 9, 1916

20-UNDERTAKER Christian Miller — ADDRESS 233 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

C97220 C97220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609. Canton. ST.; V WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon. Skarbek.

(Residence in Baltimore: No. 1609. Canton Ave. St.; ....yrs., 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June. 28., 1916. (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant.....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Skarbek

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Julia Ciminski

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Skarbek

(Address) 1609 Canton Ave.

15-

Filed....., 191.... Aug 8 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191...
that I saw h— alive on Aug 7 1916,
and that death occurred, on the date stated above, at 6 m.
The CAUSE OF DEATH* was as follows:

Congenital Vertigo

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

Aug 7, 1916 (Address) 1609 Canton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Rosary	Aug 8., 1916
20-UNDERTAKER	ADDRESS
Wm Frankowski	168 Eastern Ave.

C97221

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

71 C97221

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 2213 Hargrove alley, St. 12 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edward Saunders

(Residence in Baltimore: No. 2213 Hargrove alley. St.: 1 yrs. 4 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Sing'l

6 DATE OF BIRTH: April 30., 1915 (Month) (Day) (Year)

7 AGE: 1 yrs. 4 mos. 3 ds. — If LESS than 1 day, ... hrs. or ..... min.? 8

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Frank Reddick

11 BIRTHPLACE OF FATHER (State or country): New York

12 MAIDEN NAME OF MOTHER: Ella Saunders

13 BIRTHPLACE OF MOTHER (State or country): Baltimore City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Broth. Eller Saunders

(Address) 2213 Hargrove Alley

15 Filed AUG 8 - 1916 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. 7th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 7th, 1916. to. Aug 7th 1916., that I saw him alive on Aug. 7th, 1916., and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Infantile convulsions.
Duration several hours

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Teething & heat

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. J. Reinhart, M. D.

Aug 7, 1916 (Address) 2432 N. Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Aug 8, 1916

20 UNDERTAKER: M. S. R. A. Elliott — ADDRESS: 506 East St

IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks

Spec.—8-24-14—M. & T.—2000 Bks.

097222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

097222

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Bel Nord St.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Fahey

(Residence in Baltimore: No. 413 N. Belnord. St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 16 (Month), 1880 (Day) (Year)

7-AGE, 35 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer) City Baking Co.

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Mark C Fahey

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Marguerit Farrell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. A. Fahey

(Address) 413 N. Belnord ave.

15-

Filed AUG 8 - 1916, 191.... L. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH August 6, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 19 1916, to Aug. 6 1916, that I saw h[illegible] alive on Aug. 5 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

.....

.....

Tuberculosis Pulmonalis

..... (Duration) 5 mos. 18 ds.

CONTRIBUTORY (Secondary) Not Prevously 8 mos or more

..... (Duration) yrs. mos. ds.

(Signed) C. A. Fahey M. D.

Aug 9, 1916 (Address) 1222 N. Bolton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral cem

DATE OF BURIAL, Aug. 9, 191.6

20-UNDERTAKER Fred. A. Krause

ADDRESS 703 Hanover.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97223 97223 104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1423 E. Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M. Schroder

(Residence in Baltimore: No. 1423 E. Eager St.: life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 16, 1916
(Month) (Day) (Year)

7-AGE, yrs. 4 mos. 23 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Charles Schroder

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Mary Tracy

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Schroder

(Address) 1423 E. Eager

15-

Filed AUG 8 - 1916 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 7 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from aug 6 1916, to aug 7 1916, that I saw him alive on aug 6 1916, and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:

Ills Colitis

(Duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. L. Hornstein M. D.

8/7, 191... (Address) 733 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug. 5, 1916

20-UNDERTAKER E. Sander & Sons — ADDRESS 1200 Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97224 120 C97224

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Washington St.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria L. Cook

(Residence in Baltimore: No. 521 N. Washington St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 13, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Cooper

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Mary Bonsal

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George L. Cook

(Address) 929 N. Patterson Pk. Ave

15- AUG 8 - 1916 L

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1916, to Aug 6 1916, that I saw her alive on Aug 5th 1916, and that death occurred, on the date stated above, at 2:15 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

Endocarditis (Duration) 0 yrs. 4 mos. ds.

(Signed) Alvin B. Lemmon M. D.

Aug 7, 1916. (Address) 718 N. Potteran Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Aug 8, 1916

20-UNDERTAKER H. Sanders & Sons

ADDRESS 1710 Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97225

CERTIFICATE OF DEATH.

× 16

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Foster

(Residence in Baltimore: No. University Hospital St.; — yrs., — mos. 1 — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 13th (Day), 1903 (Year)

7-AGE, 13 yrs. 4 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School-boy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Foster

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catherine Hess

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Finty

(Address) Overlea Md

15-

Filed AUG 8 - 1916, 191.... L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Aug 4 1916, that I saw h—m alive on Aug 4 1916, and that death occurred, on the date stated above, at 11:50 m.

The CAUSE OF DEATH* was as follows:

Cerebral abscess

(Otitis Media)

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Septic Meningitis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) W. F. Eggman Jr M. D.

Aug 5, 1916 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 13 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Overlea Md

Former or usual residence Overlea Md.

19-PLACE OF BURIAL, OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Aug 6, 1916

20-UNDERTAKER L. Sander & Sons

ADDRESS 1700 West

Spec.—8-24-14—M. & T.—2000 Bks.

C97226 C97226

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 S. Ann ST.; W WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Heimbuch

(Residence in Baltimore: No. 415 S. Ann St. 1 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 1st (Day), 1916 (Year)

7-AGE, yrs. 5 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Fred. Heimbuch

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Lillian Kines

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Heimbuch

(Address) 415 S. Ann St.

15-

Filed AUG 8 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 7th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24th 1916, to Aug. 7th 1916, that I saw h[illegible] alive on Aug 7th 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Emma A. Freeman M. D.

Aug 8th, 1916 (Address) 1740 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, Aug. 9th, 1916

20-UNDERTAKER H. Sander Son ADDRESS 170 Read St

C97227 C97227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2730 Bernard St.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Crawford

(Residence in Baltimore: No. 2730 Bernard St St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 3, 1916 (Month) (Day) (Year)

7-AGE, X yrs. 5 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION,
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER Herbert Crawford

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah Michel

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert Crawford

(Address) 2730 Bernard St

15-

Filed AUG 8 - 1916

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) yrs. mos. ds.

(Signed) John J. Mooney M. D. (Coroner.)

Aug 8 1916 (Address) 5632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs.....mos.....ds. In the State ....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Marys Cemetery | DATE OF BURIAL, 8/8 1916

20-UNDERTAKER E LeRoy Stiffler | ADDRESS 844 W 36 St

Spec.—8-24-14—M. & T.—2000 Bl.

Spec.—8-24-14—M. & T.—2000 Bks.

C97228 C97228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 W. Franklin ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adele M. Brous

(Residence in Baltimore: No. 1810 W. Franklin St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 19 (Day), 1895 (Year)

7-AGE, 21 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Rudolph Brous

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Jennie L. McElgunn

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rudolph Brous (Father)

(Address) 1810 W. Franklin St.

15-

Filed ... 1916 AUG 8 ... 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 26 1916, to Aug 7 1916, that I saw her alive on Aug 7 1916, and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) over 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Endo Cardites complicating Rheumatic Fever

(Duration) ... yrs. 2 mos. 12 ds.

(Signed) Henry C. Ohle M. D.

Aug 7..., 1916. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug. 10, 1916.

20-UNDERTAKER Chas. E. Branch — ADDRESS 801 Madison Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 C97229

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver B Craig

(Residence in Baltimore: No. 611 N. Carey St ... St.; 73 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 31, 1842 (Month) (Day) (Year)

7-AGE, 73 yrs. 7 mos. 8 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ... City Employee

9-BIRTHPLACE, (State or Country), Balto and

PARENTS.

10-NAME OF FATHER, Horatio E Craig

11-BIRTHPLACE OF FATHER (State or Country), N H

12-MAIDEN NAME OF MOTHER Susan Boswell

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Horatio E Craig

(Address) 611 N Carey St

15-

Filed ... AUG 8 - 1916 ... 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1916, to Aug 7 1916, that I saw h[illegible] alive on Aug 7 1916, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH was as follows:

Hypostatic Congestion

(Duration) 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Heat Prostration

(Duration) ... yrs. ... mos. 6 ds.

(Signed) John H Crans M. D.

..., 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, Aug 9, 191 6

20-UNDERTAKER Chas. E Arnold

ADDRESS 802 Madison Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97230

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97230

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1534 Mt Royal Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Warfield

(Residence in Baltimore: No. 1534 Mt Royal Ave St.; ~~80~~ yrs., ~~3~~ mos. ~~19~~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: April (Month) 19 (Day), 1836 (Year)

7-AGE: 80 yrs. 3 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Daniel Warfield

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Nancy Mactier

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mactier Warfield

(Address) 112 W. Vath Ave

15-

Filed AUG 8 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 7th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2nd 1916, to Aug. 7th 1916, that I saw her alive on Aug. 5th 1916, and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

Pyorrhoea Pneumonia

Septic

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pyorrhoea with General Infection (Duration) yrs. 3 mos. ds.

(Signed) Wm. D. Lockwork M. D.

Aug 8 1916 (Address) 8 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, 8-9-, 1916

20-UNDERTAKER Henry W. Jenkins' Son & Co

ADDRESS Orchard & McCulloh Sts

Spec.—8-24-14—M. & T.—2000 Bks.

C97231 C97231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 5 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Mulliken ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Gettings

(Residence in Baltimore: No. 1419 Mulliken St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Gettings

(Address) 1419 Mulliken St

15-

Filed AUG 8 - 1916, 191 L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1, 1916, to Aug 5 1916, that I saw h[illegible] alive on Aug 4 1916, and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

Aug 7, 1916. (Address) 120½ Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National cemetery

DATE OF BURIAL, Aug 7, 1916.

20-UNDERTAKER R. C. Gross

ADDRESS 1401 Lancaster St

Spec.—5-19-13—M. & T.—500 Blks.

C97232 C97232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 81

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 E Baltimore ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaretta Rugg Shaul

(Residence in Baltimore: No. 1820 E Baltimore St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March (Month) 9th (Day), 1837 (Year)

7-AGE, 79 yrs. 4 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... at home
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Hughes

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Henrietta

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Marian Hughes

(Address) 1246 Brookfield Ave

15-

Filed AUG 8 - 1916, 191.... L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to Aug 6 1916, that I saw h.r alive on Aug 6 1916, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Arteriosclerosis

Nephritis (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Heat prostration

(Duration) ....yrs. mos. 2½ ds.

(Signed) E P Wroten M. D.

Aug 7, 1916 (Address) 1911 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	Aug 8, 1916
20-UNDERTAKER	ADDRESS
H E Hughes	17 S Broadway

C97233 HEALTH DEPARTMENT—CITY OF BALTIMORE C97233

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1111 Gen'l. Hospital St. 3 Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Ritter

(Residence in Baltimore: No. 15-15- E. Baltimore St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, April 14, 1851
(Month) (Day) (Year)

7-AGE, 65 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thos. H. Young

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Dillon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister

(Address) 2236 E. Fountain

15-

Filed Aug. 8, 1916 [signature]
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:* Exhaustion from Light Continued Thirst

Duration Years

CONTRIBUTORY (Secondary) Not Known (Duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner)
Aug 7, 1916. (Address) 516 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 4 ds. In the State.....yrs.....mos. 4 ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence 1575 E. Biddle

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Aug 8 1916

20-UNDERTAKER [illegible] Patterson ADDRESS 2x3 Worthington

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97234 HEALTH DEPARTMENT—CITY OF BALTIMORE C97234

CERTIFICATE OF DEATH. B 115

1-PLACE OF DEATH U.S. Marine Hosp. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. U.S. Marine Hosp. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Coppers.

(Residence in Baltimore: No. U.S. Marine Hospital St.; ..... yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Unknown ....., 1867
(Month) (Day) (Year)

7-AGE. 49 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) no statement on admission
(Address) U.S. Hospital

15- Filed AUG 8 1916 191 Aug 8/16 L
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-30-14 191 , to 8-8 1916,
that I saw him alive on Aug 8 1916,
and that death occurred, on the date stated above, at 2 a.m.
The CAUSE OF DEATH* was as follows: Cystic degeneration of liver
(Duration) 1 yrs. 8 mos. — ds.
CONTRIBUTORY (Secondary) Jaundice
(Duration) — yrs. 1 mos. — ds.
(Signed) Chas A Vogel M. D.
8-8, 1916. (Address) U.S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Cemetery DATE OF BURIAL. Aug 9, 1916

20-UNDERTAKER Edmondson ADDRESS 417 Eastern Ave

Spec.—5-19-13—M. & T.—500 Bks.

C97235 HEALTH DEPARTMENT—CITY OF BALTIMORE C97235

B 105

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. C

CITY OF BALTIMORE: (No. St Vincents Infant Asylum WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Wolsie

(Residence in Baltimore: No. 140 Durieux St St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female 4-COLOR OR RACE, Wht 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 23 (Day), 1913 (Year)

7-AGE, 2 yrs. 7 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.,

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincent Asylum

(Address) 140 Durieux St.

15- AUG 8 - 1916 HARRY [illegible] Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1916, to Aug 6 1916, that I saw her alive on Aug 6 1916 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro enteritis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) H. J. Power M. D.

8/7/, 1916 (Address) 2511 E Oriole

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 1 mos. 13 ds. In the State 2 yrs. 7 mos. 13 ds.

Where was disease contracted, if not at place of death?

Former or usual residence St Vincent Asylum

19-PLACE OF BURIAL OR REMOVAL, St Peters DATE OF BURIAL, Aug 8, 1916

20-UNDERTAKER M Fahey & Son ADDRESS 646 Lafayette Ave

Spec.—8-24-14—M [illegible] ,000 Bks.

Spec.—8-24-14—M [illegible] 000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97236

CERTIFICATE OF DEATH.

28 C97236

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mannie Heimbuch

(Residence in Baltimore: No. 1920 N. Chester St. St.; 27 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..., 1 (Day) ... (Year)

7-AGE, 27 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Heimbuch

(Address) 1920 N. Chester St

15-

Filed AUG 8 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk.

Registrar

MEDICAL CERTIFICATE OF DEATH.

18-DATE OF DEATH, Aug. (Month) 7 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to Aug 7, 1916, that I saw her alive on Aug 7, 1916, and that death occurred, on the date stated above, at 4½ a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) M. Rosenau M. D.

8/7/16, 191... (Address) ++

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 1 mos. ...ds. In the State 2 Life yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1920 N. Chester St

19-PLACE OF BURIAL OR REMOVAL. Mt Carmel Cemetary

DATE OF BURIAL. Aug 9, 191...

20-UNDERTAKER Christian Miller

ADDRESS 233 Jefferson St

C97237

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

C97237

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1115 N. Gilmor St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Martin William Baker

(Residence in Baltimore: No. 1115 N. Gilmor St.: 2 yrs. 4 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: March (Month) 28 (Day), 1914 (Year)

7 AGE: 2 yrs. 4 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Frank Baker

11 BIRTHPLACE OF FATHER (State or country): England.

12 MAIDEN NAME OF MOTHER: Elizabeth Martin

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Baker

(Address) 1115 N Gilmore St

15 Filed AUG 8 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY. That I attended deceased from 9 A.M. Aug 7, 1916, to Aug 7, 1916, that I saw him alive on 7.30 P.M. Aug 7, 1916, and that death occurred, on the date stated above, at 8.30 P.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis and Convulsions

(Duration) 15 hours

Contributory (SECONDARY) Asthenia (Duration) 10 hours

(Signed) W. W. Boyd M. D.

Aug 8, 1916 (Address) 1405 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Bur

DATE OF BURIAL: Aug 9, 1916

20 UNDERTAKER: W. W. Rostron

ADDRESS: 230 N Bruce

Very important. See instructions on back of certificate.

Spec.—5-24-16—M. & T.—2500 Pds.

Spec.—8-24-14—M. & T.—2000 Bks.

C97238

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97238

CERTIFICATE OF DEATH.

719

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Edwin Richardson

(Residence in Baltimore: No. 1043 Roland Heights Ave St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 6 (Day), 1884 (Year)

7-AGE, 31 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Weigher in
(b) General nature of industry, business, or establishment in which employed (or employer): Custom House

9-BIRTHPLACE, (State or Country), Carroll Co. Md

PARENTS.

10-NAME OF FATHER, Nathaniel Richardson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rosemen Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs W. E. Metcalf

(Address) 1043 Roland Heights Ave

15-

Filed AUG 8 - 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1916, to Aug 6 1916, that I saw h— alive on Aug 6 1916, and that death occurred, on the date stated above, at 10.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Hemorrhagic Nephritis (Duration) Don't Know yrs. mos. ds.

(Signed) Hunter M. D.

Aug. 6, 191 6 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 6 yrs. 6 mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 1043 Roland Heights Ave

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Aug 9, 191 6

20-UNDERTAKER Leland & Co — ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

C97239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C97239

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda Willson

(Residence in Baltimore: No. Unknown (Children's Aid Bureau St. Paul St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1..... (Month) (Day) (Year)

7-AGE, About 9 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

AUG 8 - 1916

Filed....., 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to Aug 5 1916, that I saw her alive on Aug 5 1916, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) yrs. 1/2 mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. ..... mos. 6 ds.

(Signed) M. Rantin M. D.

Aug. 5, 1916 (Address) Hebrew Hospital

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1/2 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, Aug 8, 1916

20-UNDERTAKER ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97240 C97240

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 Lemon St. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Sedgwick.

(Residence in Baltimore: No. 933 Lemon St. St.; ..... yrs., 2 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 7 (Month), ... (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. — None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William Sedgwick.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Florence Jay.

13-BIRTHPLACE OF MOTHER (State or Country), Easton, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Sedgwick

(Address) 933 Lemon St

15-AUG 8 - 1916

Filed ....., 191.....

HARRY C. ANDREWS

Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Aug 8 1916, that I saw h[illegible] alive on Aug 7 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) /

(Duration) ... yrs. ... mos. ... ds.

(Signed) A. Thos. McPhee M. D.

....., 191... (Address) 813 N. Lond. St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Aug. 9..., 1916.

20-UNDERTAKER John J. Duke — ADDRESS 1E. Fayette, Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97241

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Light ST.; 23 WARD) REGISTERED NO. C 9

2-FULL NAME Clara Marie Kent

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1728 Light St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 14 (Day), 1909 (Year)

7-AGE, 6 yrs. 8 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), A. A. Co. Md

PARENTS.

10-NAME OF FATHER, Williard M. Kent

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Margaret C. Temple

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Williard M. Kent

(Address) 1728 Light St.

15-

Filed AUG 9 - 1916, 191

HARRY [illegible]

Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Aug 8 1916, that I saw him alive on Aug 8 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Lagithenia

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Endure Pneumonia

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Aug 8, 1916. (Address) 1428 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery | DATE OF BURIAL, Aug 9 9 a.m., 1916

20-UNDERTAKER W. J. McD. Flynn | ADDRESS 1425 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

C97242

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97242

28

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Kayser St ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Collins

(Residence in Baltimore: No. 2005 Kayser St St.; 1 yrs., week mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, C.

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) widow

6-DATE OF BIRTH, ? (Month) ? (Day) 1872 (Year)

7-AGE, 44 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ?
(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Bruce Perry

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Capps

(Address) 2205 Kayser St

15-

Filed AUG 9 - 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 6th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1916, to August 5 1916, that I saw h er alive on August 8th 1916, and that death occurred, on the date stated above, at 5.30 Am.

The CAUSE OF DEATH* was as follows:

? Tuberculosis ulcerations

4 Years
(Duration) yrs. mos. ds.

CONTRIBUTORY, (Secondary) Myocarditis

Few weeks
(Duration) yrs. mos. ds.

(Signed) Hugh V Trent M. D.

Aug 6, 1916 (Address) 2124 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery | DATE OF BURIAL, Aug 9, 1916.

20-UNDERTAKER Milton Davis | ADDRESS 1608 McElderry St

(97243 (97243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1523 Winchester ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Thomas,

(Residence in Baltimore: No. 1523 Winchester St., 1 yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fmale

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 29 (Day), 1915 (Year)

7-AGE, 1 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, James Thomas

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Lottie Hall

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1523 Winchester

15-

Filed AUG 9 - 1916, 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 7 (Day), 19K (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Epilepsy Gr. Mal

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Shock & Exhaustion

(Duration) yrs. mos. ds.

(Signed) C. W. Wilcomm M. D.
(Coroner.)

Aug 7, 1916. (Address) 815 N. Dulaney

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Aug. 9, 1916.

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Preston

CERTIFICATE CORRECTED 8-15-49

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97244 C97244

CERTIFICATE OF DEATH

28

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1542 N. Carey ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sadie Chelli

(Residence in Baltimore: No. 1542 N. Carey St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W&K

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: June (Month) 20 (Day), 1890 (Year)

7 AGE: 25 yrs. 1 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): Wilmington North Carolina

PARENTS

10 NAME OF FATHER: William Clark

11 BIRTHPLACE OF FATHER (State or country): North Carlonia

12 MAIDEN NAME OF MOTHER: Pauline Nixon

13 BIRTHPLACE OF MOTHER (State or country): North Carlonia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pauline Nixon

(Address) 1542 N. Carey St.

15

Filed AUG 9 1916, 191...

Z. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1916, to Aug 7 1916, that I saw her alive on Aug 7, 1916, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows: Bronchitis, Acute,

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Heart Failure

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed), Chas A. Foran M. D.

Aug 8, 1916 (Address) 714 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Aug 9, 1916

20 UNDERTAKER: James H. Dennis

ADDRESS: 1303 Presstman

If very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C97245

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 white ST. 20 WARD) REGISTERED NO. C

2-FULL NAME Belle Johnson

(Residence in Baltimore: No. 1907 white St.; 40 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH. Not known (Month) (Day), 1871 (Year)

7-AGE,	If LESS than 1 day,
45 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer). Domestic

9-BIRTHPLACE, (State or Country), Fredericksburg Va.

PARENTS.

10-NAME OF FATHER, Geo. F. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Johnson

(Address) 1907 White St.

15- Filed AUG 9 - 1916, 191 L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to Aug 7 - 1916, that I saw her alive on Aug. 7 - 1916, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 3 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. McCarty M. D.

, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft Auburn DATE OF BURIAL, Aug 9, 191 7

20-UNDERTAKER Leach Hughes ADDRESS 1501 E. Balt St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97246 C97246

CERTIFICATE OF DEATH.

81 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Temple St. ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Jones

(Residence in Baltimore: No. 1406 Temple St.; 42 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1870 (Year)

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N.C.

PARENTS.

10-NAME OF FATHER, Thomas Jones

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Alice Watson

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roger Jones

(Address) 918 Hanover Ave

15- AUG 9- 1916

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 7 (Day) , 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 191.., to Aug 7 191 6

that I saw h[illegible] alive on Aug 7 191 6

and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Apistaxis

Exhaustion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Chas. V. Mayer M. D.

Aug 8, 1916 (Address) 1016 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lowsel cemetery DATE OF BURIAL, Aug 9, 1916

20-UNDERTAKER A. C. Gross ADDRESS 405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

C97247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 C97247

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 Salem ST.: 13 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W. Jones

(Residence in Baltimore: No. 2521 Salem St.: 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 15, 1880 (Month) (Day) (Year)

7-AGE, 35 yrs. 9 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Teamster
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Chas Jones

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura S. Jones

(Address) 2521 Salem

15-

Filed ....., 191.... Registrar.

AUG 9 - 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Aug. 8th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1916, to Aug. 8 1916, that I saw ~~him~~ alive on Aug. 8 1916, and that death occurred, on the date stated above, at 12 p m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma of Abdominal Glands

(Duration) yrs. 7 to 8 Mo ds.

CONTRIBUTORY (Secondary) Dropsy & general Weakness

(Duration) yrs. mos. ds.

(Signed) C. E. Smith M. D.

Aug 8, 1916 (Address) 1005 W Mosher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Aug 10 1916

20-UNDERTAKER Harry W. Ebert ADDRESS 1944 W. Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

C97248 C97248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 S Streeper ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Jefferson

(Residence in Baltimore: No. 927 S Streeper St St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 30, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mathew Jefferson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Bessie Langly

13-BIRTHPLACE OF MOTHER (State or Country) St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathew Jefferson

(Address) 927 S Streeper

15-

Filed ....., 191.... AUG 9 - 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to Aug 7 1916, that I saw her alive on Aug 7 1916, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. 13 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) W L Buskel M. D.

....., 191... (Address) 2042 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem

DATE OF BURIAL, Aug 9, 1916

20-UNDERTAKER Stephen J Fialkowski

ADDRESS 1019 N Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97249 C97249

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — CITY OF BALTIMORE: (No. St. Joseph's Hosp ST.; 8 WARD) — REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Clark

(Residence in Baltimore: No. 1838 North Durham St.; 25 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 15 (Day), 1861 (Year)

7-AGE, 54 yrs. 11 mos. 23½ ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, David Ramsdell

11-BIRTHPLACE OF FATHER (State or Country), Massachusetts

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Massachusetts

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E. Clark

(Address) 1838 N. Durham

15- AUG 9 - 1916 2

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st 1916, to Aug 7th 1916, that I saw her alive on Aug 7th 1916, and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myo Cordits

Mitral Insufficiency

dont Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

dont Know (Duration) yrs. mos. ds.

(Signed) Ernest W. S. Prieger M. D.

8/8/16, 1916. (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 1827 N. Durham St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't — DATE OF BURIAL, Aug 10 1916

20-UNDERTAKER Robt J Turner — ADDRESS 1442 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97250

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97250

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2018 N Calvert St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas William McGuffie

(Residence in Baltimore: No. 2018 N Calvert St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: June (Month) 14 (Day), 1857 (Year)

7-AGE: 59 yrs. 6 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): New York City N.Y.

PARENTS.

10-NAME OF FATHER: George McGuffie

11-BIRTHPLACE OF FATHER (State or Country): Scotland

12-MAIDEN NAME OF MOTHER: Ester Dunbar

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily V. McGuffie

(Address) 2018 N. Calvert St.

15-AUG 9 - 1916

Filed ....., 191.....

Registrar.

2

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 7th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1915; to Aug. 7th 1916, that I saw h[illegible] alive on Aug 7 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) Robt L Baker M. D.

Aug 9, 1916 (Address) 6 E Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Aug. 9., 1916.

20-UNDERTAKER William Cook — ADDRESS 507 E Northern

C97251

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97251

CERTIFICATE OF DEATH

REGISTERED NO. C 28

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 231 Dolphin St. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John E Burley

(Residence in Baltimore: No. 231 Dolphin St. St.: 32 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: August 8, 1884 ~~1886~~ (Month) (Day) (Year)

7 AGE: 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James Burley

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Francis Burgess

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ora Mohammett

(Address) 231 Dolphin St

15 Filed AUG 9 - 1916, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 8, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 30, 1916, to Augt 8 1916, that I saw him alive on Augt 7th, 1916, and that death occurred, on the date stated above, at 5.40 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H K Gossard M. D.

Augt 9, 1916. (Address) 117 W Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Aug 11, 1916

20 UNDERTAKER: John A. Bischoff — ADDRESS: 1107 Druid Hill Ave

IF VERY IMPORTANT. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C97252

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97252

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1811 Light ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Amelia Keenan

(Residence in Baltimore: No. 1811 Light St.: 3 yrs., 8 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. (Month) 2 (Day), 1912 (Year)

7-AGE, 3 yrs. 8 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, [redacted] W. Keenan

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Amelia Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Keenan

(Address) 1811 Light St.

15-

Filed ..... AUG 9 1916 ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29 1916, to Aug 7 1916, that I saw h[illegible] alive on Aug 6 1916, and that death occurred, on the date stated above, at 2. A. m.

The CAUSE OF DEATH* was as follows:

Cardiac & Respiratory Asthenia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Double Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) J. F. Hawkins M. D.

Aug 8 1916. (Address) 1 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Aug. 9, 1916.

20-UNDERTAKER H. A. M. L. Flynn ADDRESS 1422 Light

HEALTH DEPARTMENT---CITY OF BALTIMORE

HEALTH DEPARTMENT---CITY OF BALTIMORE

C97253 C97253

CERTIFICATE OF DEATH

41

REGISTERED No. C.....

1 PLACE OF DEATH

B

CITY OF BALTIMORE: (No. 579 Oxford ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie E. Ross

(Residence in Baltimore: No. 579 Oxford St.; 47 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6-DATE OF BIRTH Not Known (Month) ..... (Day), 1 (Year)

7-AGE 52 yrs. \ mos. \ ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: James Lewis

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Dinah Pindell

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cornelia Hebron

(Address) 579 Oxford St.

15-

Filed AUG 9 - 1916, 191 .....

L

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug (Month) 6 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from June 6, 1916, to, Aug 6 1916, that I saw h er alive on Aug 6 1916, and that death occurred, on the date stated above, at 2 1/2 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Intestines

— (Duration) 4 yrs — mos. — ds.

Contributory (SECONDARY) .....

— (Duration) — yrs — mos. — ds.

(Signed) Edward J. Wheatley M. D.

Aug 6 — 191 6 [Address] Aug 6/16

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: Aug 9 1916

20-UNDERTAKER: Geo. W. Holland

ADDRESS: 517 Robert St.

97251

HEALTH DEPARTMENT—CITY OF BALTIMORE

97251

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH: CITY OF BALTIMORE (No.) Camden Station St.: 14 WARD) REGISTERED No. C.....

2-FULL NAME: Milton Snowden

(Residence in Baltimore: No. 1830 Ellin 9 St.: 10 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Married

6-DATE OF BIRTH: Not known (Month) (Day), 1876 (Year)

7-AGE: 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Wesley Snowden

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Henderson

(Address) 1830 Ellin 9

15-

AUG 9 - 1916

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: August 6 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart trouble

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert D. Driscoll M. D. (Coroner.)

Aug 9, 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Aug. 9, 1916
20-UNDERTAKER: Geo. W. Holland	ADDRESS 517 Robert St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 744 Rabarg ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Freeman

(Residence in Baltimore: No. 744 Rabarg St.: yrs. Life mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col.	Married

6-DATE OF BIRTH, Not known ....., 1863
(Month) (Day) (Year)

7-AGE, 54 yrs. 1 mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Thomas,

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Charlotte Crew.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gloria Williams

(Address) 744 Rabart

15-

Filed ....., 191..... AUG 9 - 1916 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

..... (Duration).....yrs.....mos.....da.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....da.

(Signed) Albert D. Driscoll M. D.
(Coroner)

Aug 9, 1916. (Address) 612 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem.	Aug. 11, 1916
20-UNDERTAKER Geo. H. Holland	ADDRESS 511 Robert St

Spec.—5-19-13—M. & T.—500 Bks.

C97256 C97256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

743

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Skin & Cancer Hosp. Eutaw 2510 Greenmount ST.: 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs (Washington) Benchoff

(Residence in Baltimore: No. at Hospital Duke, ud. St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 18..28
(Month) (Day) (Year)

7-AGE, ..88.. yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Abraham N. Shields

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Margaret Slate

13-BIRTHPLACE OF MOTHER (State or Country), London England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. H. Shields

(Address) 116 E Fulton ave

15- AUG 9 - 1916

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to Aug 8th 1916, that I saw h.. alive on Aug 4 1916 and that death occurred, on the date stated above, at 12.50 m.

The CAUSE OF DEATH* was as follows:

..... Cystitis

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma Breasts

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) E. H. Emhardt M.D., B. C. Catlin M. D.

....., 191... (Address) 1414 Linden av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Chimes P.O. Baltimore Co

19-PLACE OF BURIAL OR REMOVAL, Blue Ridge Summit Pa. DATE OF BURIAL, Aug 9, 1916.

20-UNDERTAKER A. J. Marshall ADDRESS 2579 Fall. Rd.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97257 C97257

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1521 Battery ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mr. & Mrs Thomas J Fitzpatrick

(Residence in Baltimore: No. 1521 Battery ave. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) 8 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER Thomas J Fitzpatrick

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maria J. McGrath

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas J Fitzpatrick

(Address) 1521 Battery Ave

15-

Filed ....., 191.... 2

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1916, to Aug 8 1916, that I saw h[illegible] alive on Aug 8 1916 and that death occurred, on the date stated above, at 12-15 P m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. L. Campbell M. D.

Aug. 8., 1916 (Address) 1624 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, Aug 9., 1916

20-UNDERTAKER J. Pedigo Sons

ADDRESS 131 E Eighth

Spec.—5-19-13—M. & T.—500 Bks.

C97258 C97258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Ashton ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry E Forney

(Residence in Baltimore: No. 2210 Ashton St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, October 14, 1862 (Month) (Day) (Year)

7-AGE, 53 yrs. 9 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Montgomery Co. Md

PARENTS.

10-NAME OF FATHER, Philip J. Forney

11-BIRTHPLACE OF FATHER (State or Country), Phila. Penna

12-MAIDEN NAME OF MOTHER Margaret T. Hayes

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary F. Forney

(Address) 2210 Ashton St

15-

Filed AUG 9 - 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 8th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1912, to Aug 8th 1916, that I saw h[illegible] alive on Aug 8th 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Heart disease (Mitral regurgitation, dilatation) anasarca

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 10 yrs. mos. ds.

(Signed) W. F. Smith M. D.

Aug 9, 1916 (Address) 118 W Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 11, 1916

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Ave

Spec.—8-24-14—M. & T.—20[illegible]6.

HEALTH DEPARTMENT

Spec.—8-24-14—M. & T.—20[illegible]6.

C97259 C97259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Heaul

Residence in Baltimore: No. 1104 Binney St. St.; yrs. 2 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 16 (Day), 1914 (Year)

7-AGE, yrs. 2 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Heaul

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Bertha Green

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Friedl

(Address) Johns Hopkins Hosp.

15-

Filed AUG 9 - 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 9 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 28 1916, to Aug 9, 1916, that I saw ~~him~~ alive on Aug 9, 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) yrs. 2 mos. 24 ds.

CONTRIBUTORY. (Secondary) Acute Intestinal Indigestion

(Duration) yrs. mos. 15 ds.

(Signed) Gilbert W. Porcher M. D.

Aug 9, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1104 Binney St. Canton

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Aug 10, 1916

20-UNDERTAKER Stephen J. Fralkowski

ADDRESS 109 S. Kenwood Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97260 C97260 64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 E Lombard ST.; V WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Morgereth.

(Residence in Baltimore: No. 1829 E. Lombard St.: 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, Dec. 19th (Month) (Day), 1839 (Year)

7-AGE, 76 yrs. 7 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Plotthmesch.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Joseph Morgereth

(Address) 1829 E. Lombard St.

15-

AUG 9 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Aug 8 1916, that I saw h E alive on Aug 7 1916, and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 1 ds.

(Signed) J. S. Cook M. D.

Aug 8, 1916 (Address) 1111 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL. Aug 11, 1916

20-UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Wolfe St.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97261 C97261

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 E. Baltimore ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Cinca

(Residence in Baltimore: No. 3101 E Baltimore St.; yrs. 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 23 (Day), 1916 (Year)

7-AGE, yrs. 2 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. Mariana Cinca

11-BIRTHPLACE OF FATHER (State or Country). Italy.

12-MAIDEN NAME OF MOTHER. Louise Negro

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mariana Cinca

(Address) 3101 E Baltimore St

15- Filed AUG 9 - 1916, 191. Registrar. 2

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1916, to Aug 8 1916, that I saw h[illegible] alive on Aug 6 1916, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

(a) Exhaustion

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 2 mos. ds.

(Signed) G. H. Dunton M. D.

8/8, 1916. (Address) 301 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, Aug 9th, 1916.

20-UNDERTAKER Lilly Bros Geiler ADDRESS 403 S. Wolfe St.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-18—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C97262

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 E. Baltimore ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Cirrea

(Residence in Baltimore: No. 3101 E Baltimore St.: ..yrs., 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	single

6-DATE OF BIRTH, May (Month) 23 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day.
..yrs. 2 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Mariaka Cirrea

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Louise Agro

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mariana Cirrea

(Address) 3101 E. Baltimore St.

15-

Filed....., 191.... AUG 9 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1916, to Aug 8 1916, that I saw him alive on Aug 6 1916, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

(a) Exhaustion

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. 2 mos. ....ds.

(Signed) C. D. Burton M. D.

Aug 9, 1916. (Address) 301 E Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincents Cem.	Aug 9th, 1916
20-UNDERTAKER Lilly and Geidel	ADDRESS 1038 N. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

C97263

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97263

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1164 Low ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Rocks

(Residence in Baltimore: No. 1164 Low St.; 35 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Not known (Month), 1 (Day) ..... (Year)

7-AGE, 45 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Easton Md.

PARENTS.

10-NAME OF FATHER, William Deweyer

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John Rocks

(Address) 1164 Low St

15-

Filed ....., 191. ..... Registrar.

AUG 9 - 1916

HARRY O. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 7th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28th 1916, to Aug 7th 1916, that I saw h[illegible] alive on Aug 6th 1916, and that death occurred, on the date stated above, at 1 20 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ... yrs. ... mos. 7 ds.

(Signed) [illegible] M. D.

Aug 7th, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Aug. 10th, 1916.

20-UNDERTAKER Henry Hordt Son

ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C97264 C97264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 N. Dallas ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Ullrich

(Residence in Baltimore: No. 1503 N. Dallas St.; ....yrs., 6 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, February (Month) 5 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 6 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John H. Ullrich

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary E. Hellein

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Herbert F. Ullrich

(Address) 1503 N. Dallas St

15-

Filed AUG 9 - 1916, 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 4th 1916, to Aug 5th 1916, that I saw h[illegible] alive on Aug 5th 1916, and that death occurred, on the date stated above, at 11-9 m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. C. Schaefer M. D.

Aug 9th, 1916. (Address) 651 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Aug 10, 1916
20-UNDERTAKER	ADDRESS
Henry Hoeck & Son	1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97265 C97265

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 503 N. 27th. St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia N. Hann

(Residence in Baltimore: No. 503 N. 27th St.; 1 yrs., 4 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 20, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, David L. Hann

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sophia E. Hahne

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 503 N. 27th St.

15-

AUG 9 - 1916

Filed....., 191.... HARRY C. ANDREWS
Registrar. Death Records Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30, 1916, to Aug. 8, 1916, that I saw h.. alive on Aug. 8, 1916, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH was as follows:

Ileo Colitis

(Duration) ...yrs. ...mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) S. Lee Magee M. D.

Aug. 1., 191.6 (Address) 1200 E. Preston

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Holy Redeemer Cemetery	Aug. 10, 1916
20-UNDERTAKER	**ADDRESS**
Henry Hosch Son	130 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97266 C97266

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 East North Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William O'Brien

(Residence in Baltimore: No. 331 East North Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, Dec Know (Month) 1 (Day) (Year)

7-AGE, About 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John O'Brien

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Ellen Carroll

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary E. O'Brien

(Address) 1621 St Paul Stud

15-

AUG 9 - 1916

Filed....., 191.....

HENRY D. ANDREWS
Registrar. Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1915, to Aug 8 1916, that I saw h in alive on Aug 7 1916 and that death occurred, on the date stated above, at 6:50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

as a (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Joseph T. Herring M. D.

July 9, 1916. (Address) 1621 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Rockenbach Md DATE OF BURIAL, Aug 11, 1916

20-UNDERTAKER William Cook ADDRESS 502 E North

Herring 1621 St Paul

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97267 C97267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED NO. C 109

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sibilina B. Farrell.

(Residence in Baltimore: No. Mercy Hospital St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Married

6-DATE OF BIRTH, Aug 9, 1889
(Month) (Day) (Year)

7-AGE, 27 yrs. 0 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Electrician.
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. H. Farrell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sophie Mouette

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Eutaw St

15-

AUG 9 - 1916

Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7, 1916, to Aug 9 1916, that I saw h[illegible] alive on Aug 9 1916 and that death occurred, on the date stated above, at 1.00 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Operation (Duration) 2 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

Signed Edward L. Daniel M. D.

Aug 9, 191.6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. 6 mos.

Where was disease contracted, if not at place of death? Edenton Md.

Former or usual residence Edenton Md.

19-PLACE OF BURIAL OR REMOVAL Bethel Cemetery, Admiral Ave. DATE OF BURIAL, Aug. 11., 1916.

20-UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Spec.—5-19-13—M. & T.—500 Bks.

C97268

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97268

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Carroll St.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Freda M Sonnenleiter SONNENLEITER

(Residence in Baltimore: No. 1104 Carroll St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH, Feb 6, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 2 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Palto Md.

PARENTS.

10-NAME OF FATHER, A Sonnenleiter

11-BIRTHPLACE OF FATHER (State or Country), Palto Md

12-MAIDEN NAME OF MOTHER Bessie Hartman

13-BIRTHPLACE OF MOTHER (State or Country), Palto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Sonnenleiter

(Address) 1104 Carroll St

15- Filed AUG 9 - 1916 ..... 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1916 to Aug 8 1916 that I saw h alive on Aug 8 1916 and that death occurred, on the date stated above, at 3:10 p.m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ... yrs. ... mos. 30 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ... yrs. ... mos. ... ds.

(Signed) A Sonnenleiter M. D.

Aug 8 191 6 (Address) 1104 Carroll St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park, DATE OF BURIAL, Aug 10 191 6

20-UNDERTAKER, Wm J Tuckerton ADDRESS North Pa

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97269 C97269

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1567 Carswell ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew J. Dugan

(Residence in Baltimore: No. 1567 Carswell St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1847 (Year)

7-AGE, 69 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sexton
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Dugan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Johanna Graney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John R. Houck

(Address) 1567 Carswell St.

15- AUG 9 - 1916 Filed ..... 191... Registrar. [illegible] Deputy Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to August 8 1916, that I saw him alive on August 8 1916, and that death occurred, on the date stated above, at 11:45 m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hurt and Exhaustion

(Duration) ..... yrs. ..... mos. 20 ds.

(Signed) H. Spurrier Whitlock M. D.

August 8 1916. (Address) 1426 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Moriah Cem — DATE OF BURIAL, Aug. 10., 1916

20-UNDERTAKER Robt Brooks & Son — ADDRESS 170 Calhoun St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97270 97270

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home St. E WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosanna Smith,

(Residence in Baltimore: No. St. Elizabeths Home St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE, about yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Supt. St. Elizabeths Home

(Address) St. Elizabeths Home

15- AUG 9 - 1916 Filed ANDREWS 191 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1916, to Aug. 8 1916, that I saw h— alive on Aug 7 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 3 mos. ds.

(Signed) Thos. L. Jakins M. D.

Aug 9, 191 (Address) Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 2 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence St. Elizabeths Home

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, AUG 9, 191

20-UNDERTAKER Commissioner Health. ADDRESS

Burial Permit

For WM. F. WOODALL.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97271 C97371

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 N. Broadway Lg ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Moran

(Residence in Baltimore: No. 813 N. Broadway Lg St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 55 about 55 years ..yrs..mos..ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired for past 7 years
(b) General nature of industry, business, or establishment in which employed (or employer)..... former saloonkeeper

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Brian Moran.

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard J. Moran

(Address) 7208 E. Hoffman St.

15- Filed AUG 9 - 1916, 191.... EDDIE C. ANDREWS Dennis Clark Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Aug 8 1916, that I saw h alive on June 8 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

(a) Arteriosclerosis

.....

.....

..... (Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary) Chr. Int. Nephritis

..... (Duration)...yrs...mos...ds.

(Signed) J. H. Bertin M.D.

Aug 9, 1916 (Address) 2446 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem — DATE OF BURIAL, 8-11-16, 191...

20-UNDERTAKER, Geo M. Judd — ADDRESS 811 N. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

C97272 C97272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Jezusek

(Residence in Baltimore: No. 2024 E. Fayette St.; ~~Lafayette~~ yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. (Month) (Day) 1872 (Year)

7-AGE, 43 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Guard

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Frank Jezusek Sr.

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Jezusek

(Address) 2024 E. Fayette St.

15- AUG 9 1916 Filed ..... 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH August 7 (Month) (Day) 191 6 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 7 191 6, to Aug 7 191 6, that I saw h m alive on Augt. 6 191 6, and that death occurred, on the date stated above, at 11:17 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Asthma

(Duration) yrs. mos. 2 ds.

(Signed) Conrad Hoch M. D.

8/8, 191 6 (Address) 418 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Aug. 9 1916

20-UNDERTAKER Geo. M. Lewis ADDRESS 811 N. Howard St.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97273 C97273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1963

1-PLACE OF DEATH CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 19 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Blanche Perkins

(Residence in Baltimore: No. 4337 N. Calhoun St.; 9 yrs., 2 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, June (Month) 9 (Day), 1907 (Year)

7-AGE, 9 yrs. 2 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Girl
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Millard L Perkins

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Grace Balmer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. M. L. Perkins

(Address) 4337 N. Calhoun St

15- AUG 9 - 1916 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 9 1916, to August 9 1916, that I saw h er alive on August 9 1916, and that death occurred, on the date stated above, at 5.45 p. m.

The CAUSE OF DEATH* was as follows:

Acute Anterior Poliomyelitis

(Duration) ....yrs....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Gilbert W. Rosenthal M. D.

August 9, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. — ds. In the State 9 yrs. 2 mos. 0 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 4337 N. Calhoun St

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery DATE OF BURIAL, Aug. 10, 1916

20-UNDERTAKER Edward Hohman Co ADDRESS 108 W. North Ave.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97271 C97274

28

1-PLACE OF DEATH 612 N. Monroe St

REGISTERED No. C

CITY OF BALTIMORE: (No. ..... ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vera Loller Stevens

(Residence in Baltimore: No. 612 N. Monroe St St.; 4 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	single

6-DATE OF BIRTH, June 26th, 1899
(6 (Month) 26th (Day) (Year))

7-AGE,	If LESS than 1 day,
17 yrs. 1 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Kent County, Md

PARENTS.

10-NAME OF FATHER, George W. Stevens

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Ella Loller

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Loller Stevens

(Address) 612 N. Monroe St.

15- AUG 9 - 1916 HARRY C. ANDREWS

Filed ..... 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 9th, 1916
(8th (Month) 9th (Day) (Year))

17- I HEREBY CERTIFY, That I attended deceased from July 26th 1916, to Aug 8th 1916, that I saw her alive on Aug 8th 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

Ill since Feb 1916 about 8

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Nussey M. D.

Aug 9th 1916. (Address) 1925 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Chestertown Md	Aug 11th, 1916
20-UNDERTAKER	ADDRESS
Stewart & Horn Co	108 W. North

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C97275 C97275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 N Register ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Knighton

(Residence in Baltimore: No. 1502 N Register St.; ..... yrs., 3 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, May (Month) 2 (Day), 1913 (Year)

7-AGE, ... yrs. 3 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Knighton

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Violet St John

13-BIRTHPLACE OF MOTHER (State or Country) Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Knighton

(Address) 1502 N. Register

15- Filed ..... AUG 10 1916, 191... Registrar. L

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 9th (Month) (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 7 1916, to Aug 9 1916, that I saw him alive on Aug 8 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

a. Cause Tuberculosis

.....

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Whitman F. Quinn M. D.

Aug 9, 1916 (Address) 22 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, 8/11, 191...

20-UNDERTAKER Wallace Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C97276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 150

C97276

REGISTERED NO. C 97276

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Leech.

(Residence in Baltimore: No. 10 days. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 1 yrs. 13 mos. ds.

If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ga.

PARENTS.

10-NAME OF FATHER, Geo. Leech.

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Mt Holy N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Pfeil

(Address) Johns Hopkins Hosp.

15- AUG 10 1916

Filed ....., 191.... 2

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1916, to Aug 9 1916, that I saw h alive on Aug 9, 1916, and that death occurred, on the date stated above, at 4.05 p.m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation Obstruction

(Duration) yrs. 13 mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 1 mos. ds.

(Signed) Gillet W. Rosenau M. D.

Aug 9, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. 10 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2012 Charlton St. Savannah

19-PLACE OF BURIAL OR REMOVAL Mt Holy N.J. DATE OF BURIAL ....., 1916 AUG 10 1916

20-UNDERTAKER Wm Lorck ADDRESS 502 E North ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97277 64 C97277

CERTIFICATE OF DEATH.

1-PLACE OF DEATH General German Aged People's Home REGISTERED NO. C

CITY OF BALTIMORE: (No. Baltimore & Payson ST.; 20 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelm Mueller

(Residence in Baltimore: No. N. E. Cor Baltimore & Payson St.? unknown yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.) widower

6-DATE OF BIRTH, Sept. (Month) 6 (Day), 1829 (Year)

7-AGE, 86 yrs. 11 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... for Self

9-BIRTHPLACE, (State or Country) Karlshafen Germany

PARENTS.

10-NAME OF FATHER. Heinz Mueller

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Justine Mueller

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records German Aged Home

(Address) Baltimore & Payson St

15- Filed AUG 10 1916, 191.... Registrar. L

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1916, to Aug 9 1916, that I saw him alive on Aug 8 1916, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) many yrs. mos. ds.

(Signed) F. W. Hohlmann M. D.

Aug. 9, 1916 (Address) 1908 N. Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 6 mos. ds. In the State ... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mathew DATE OF BURIAL, Aug 10, 1916

20-UNDERTAKER J. B. Cook ADDRESS 1003 N. Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97278

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97278

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 N. Brice st ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances May Wernder

(Residence in Baltimore: No. 405 N Brice St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 28 (Day), 1888 (Year)

7-AGE, 28 yrs. 6 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Robert McWilliams

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER Elizabeth Devin

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth McCarthy

(Address) 3330 Edmondson ave

15-

Filed ....., 191.... AUG 10 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11th 1916, to Aug 9th 1916, that I saw h[illegible] alive on Aug 8th 1916, and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 8 ds.

(Signed) [illegible] M. D.

Aug 9, 1916 (Address) 404 N Payson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug 11, 191...

20-UNDERTAKER Wilbur W Skinner

ADDRESS 1018 Edmondson ave

C97279 C97279

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 804 Fox — St. 17 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Orville B Jordan

(Residence in Baltimore: No. 804 Fox St, St.; yrs. 1 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male. | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Infant

6 DATE OF BIRTH: June 30 (Month), (Day), 1916 (Year)

7 AGE: yrs. 1 mos. 19 ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: O. P. Jordan

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Bertha Ryan

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Olen P. Jordan

(Address) 804 Fox St.

15 AUG 10 1916

Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 9 (Month), (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1916, to Aug 9 1916, that I saw h... alive on Aug 9, 1916, and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. mos. 10 ds

Contributory (SECONDARY) Intestinal Indigestion Dukes

(Duration) yrs. mos. ds.

(Signed), L. A. Rich-ardson M. D.

Aug, 1916 (Address) 1122 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Marys Hampd. | DATE OF BURIAL: Aug 10, 1916

20 UNDERTAKER: Chenowith & Son | ADDRESS: 3617 Chestnut Ave

IS VERY IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION is properly essential.

Spec.—8-24-14—M. & T.—2000 Pl...

Spec.—8-24-14—M. & T.—2000 Bks.

C97280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C97280

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Catherine ST.; 20 WARD) REGISTERED NO. C

2-FULL NAME Florence E Anderson

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 112 Catherine St. St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 12 (Day), 1916 (Year).

7-AGE, yrs. 1 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Warren Anderson

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER Lena Parr

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Warren Anderson

(Address) 112 Catherine St

15-

Filed ....., 191.... AUG 10 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 9 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Aug 5 191 6, to Aug 9 191 6, that I saw her alive on Aug 9 191 6, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

Aug 10, 1916. (Address) 722 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, July 11 1916

20-UNDERTAKER F B Kimport

ADDRESS 2238 Frederick Av

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97281 C97281

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 N. Chapel ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Miller

(Residence in Baltimore: No. 1622 N Chapel St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 4, 1915
(Month) (Day) (Year)

7-AGE, 0 yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Miller

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Rentz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Miller

(Address) 1622 N. Chapel

15-

Filed AUG 10 1916, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1916, to Aug 9 1916, that I saw him alive on Aug 9 191, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Isaac Finkelstein M. D.

Aug. 9. 1916 (Address) 1823 N. Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Aug. 10, 1916

20-UNDERTAKER E. J. Fahrney

ADDRESS 1938 E. Lafayette

097282

HEALTH DEPARTMENT---CITY OF BALTIMORE

097282

CERTIFICATE OF DEATH

104

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1628 E. Pratt ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Cohen

(Residence in Baltimore: No. 1628 E. Pratt St.; yrs. 7 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: December (Month) 23 (Day), 1915 (Year)

7-AGE: — yrs. 7 mos. 18 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md U-S-A

PARENTS

10-NAME OF FATHER: Jacob Cohen

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Annie Weiner

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacob Cohen

(Address) 1628 E Pratt St

15-

Filed ..... 191 AUG 10 1916 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 7, 1916, to, ~~August~~ 10 1916, that I saw h~~im~~ alive on August 10 1916, and that death occurred, on the date stated above, at 7.30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic illeo - Colitis

(Duration) ... yrs ... mos. 21 ds.

Contributory (SECONDARY)

(Duration) ... yrs ... mos. ... ds.

(Signed), Samuel Silverstein M. D.

aug 10, 1916 [Address] 1121 E. Balto St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs 7 mos 18 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1628 E Pratt St

19-PLACE OF BURIAL OR REMOVAL: Holmes Mt Carmel — DATE OF BURIAL: Aug 10 1916

20-UNDERTAKER: J. Lennon & Bro — ADDRESS: 107 E Balto St

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA-

C97283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. (Klingelhofer) 179

1-PLACE OF DEATH — REGISTERED NO. C97283

CITY OF BALTIMORE (No. 1926 Eastern Ave. ST.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Klingelhofer,

(Residence in Baltimore: No. 1926 Eastern Ave St.; yrs. 47 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, January 3, 1869
(Month) (Day) (Year)

7-AGE, 47 yrs. 7 mos. 6 da. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Geo Klingelhofer,

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Fuhrer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilhelmina Klingelhofer

(Address) 1926 Eastern Ave

15- Filed AUG 10 1916 L Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) H. K. Duncan M. D.
(Coroner)

191... (Address) 44 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. 3 mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

1926 Eastern Ave

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. — DATE OF BURIAL, Aug 11th 1916.

20-UNDERTAKER H. Sander Sons — ADDRESS 1710 Fleet St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Lormack.

(Residence in Baltimore: No. 730 Eisler St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, unknown
..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 38. yrs. mos. ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Richmond Va.

PARENTS.

10-NAME OF FATHER, Laurence Lormack.

11-BIRTHPLACE OF FATHER (State or Country), Richmond Va.

12-MAIDEN NAME OF MOTHER Elizabeth Hurston

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary Lormack
(Address) 730 Eisler

15-
Filed ....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8. 1916
..... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Stroke.

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Albert X. Dorsett M. D.
(Coroner.)
Aug 10, 1916. (Address) 312 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	August 10 1916.
20-UNDERTAKER Geo H Hooper	ADDRESS 609 Little Rock

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

097285 097285

CERTIFICATE OF DEATH.

119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Oxford ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Garratt

(Residence in Baltimore: No. 517 Oxford St.: 32 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1867 (Year)

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saml. Garrett

(Address) 517 Oxford St.

15-

Filed AUG 10 1916 191... L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21st 1916, to Aug 7th 1916, that I saw her alive on August 6 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

(a) General Anasarca

(Duration) ...yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Brights

(Duration) ...yrs. mos. 15 ds.

(Signed) Gustave Goldman M. D.

, 1916. (Address) 656 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 10 1916

20-UNDERTAKER John H Toadvine — ADDRESS 142 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C97286 C97286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Bell Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa E. Nagel

(Residence in Baltimore: No. 1820 Bell Ave St.; Life Time yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known (Month), 1 (Day), ... (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Leroy Bauer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Nagel

(Address) 1820 Bell Ave

15-

Filed ....., 191.... AUG 10 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Augt 7 1916, to Augt 8 1916, that I saw her alive on Augt 8 1916, and that death occurred, on the date stated above, at 3.30 p m.

The CAUSE OF DEATH* was as follows:

Gastro Duodenitis and

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Adolph C. Eisenberg M. D.

Augt 9, 1916 (Address) 2201-3 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, Aug. 11, 1916

20-UNDERTAKER E & B Harle

ADDRESS 115 E Lex St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97287 — 104 — C97287

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. 16 WARD)
2-FULL NAME Ella Shipley
(Residence in Baltimore: No. 1217 Whitelock St. St. 3 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE. Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single
6-DATE OF BIRTH. July (Month) 9 (Day), 1915 (Year)
7-AGE, 1 yrs. 1 mos. — ds.
If LESS than 1 day, hrs. or min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).
9-BIRTHPLACE, (State or Country) Balto md.

PARENTS.
10-NAME OF FATHER, Heythial Shipley
11-BIRTHPLACE OF FATHER (State or Country), md
12-MAIDEN NAME OF MOTHER Queen,
13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) P. Shipley.
(Address) Johns Hopkins Hosp.

15- Filed AUG 10 1916, 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 191 6 to Aug 9 191 6, that I saw h alive on Aug 9 191 6, and that death occurred, on the date stated above, at 2 05 P. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert W. Brantly M. D.
Aug 9, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 1217 Whitelock St.

19-PLACE OF BURIAL OR REMOVAL. Shiloh — DATE OF BURIAL. Aug 10, 1916
20-UNDERTAKER Clarence A. Dush — ADDRESS 1436 Mass

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97288 C97288

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 N. Hope st ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Quinn

(Residence in Baltimore: No. 1924 N. Hope st. St.; .....yrs., 7 mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 9 (Day), 1916 (Year)

7-AGE, X yrs. 7 mos. X ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jas J Quinn

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER Bertha Shelley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas J. Quinn

(Address) 1924 Hope St

15- AUG 10 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1916, to Aug 9 1916, that I saw her alive on Aug 8 1916, and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

Toxemia of acute Gastro Intestinal Infection

(Duration) X yrs. X mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) X yrs. X mos. 14 ds.

(Signed) E. H. Decker M. D.

Aug 9, 1916 (Address) 928 E North Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cemetery

DATE OF BURIAL, August 12, 1916

20-UNDERTAKER George L. Ruth

ADDRESS 735 Harford Ave

C97289 C97289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 511 N. Norris alley ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Beatrice Garrett

(Residence in Baltimore: No. 511 N. Norris Alley St.; yrs., 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 30, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Howard Garrett

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER ~~Dixon~~ Ruth Mason

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Father
(Address) 511 N. Norris alley

15- 2

Filed ....., 191... AUG 10 1916 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Edema Neonatorum

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Dentition

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)
....., 191... (Address) 818 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). None

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Aug 10, 1916

20-UNDERTAKER Sam'l H. Base Son

ADDRESS 1700 W. Baltimore

C97290 C97290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 946 Druid Hill Ave St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Irvey Allen

(Residence in Baltimore: No. 946 Druid Hill Ave St.; yrs., 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 25—[illegible], 1911
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto.

PARENTS:

10-NAME OF FATHER, Charles Allen

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Eliza Fortune

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 946 Druid Hill

15- AUG 10 1916

Filed....., 191.... 2

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Enteritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Whitridge Williams M. D.
(Coroner.)

Aug. 10, 191.6 (Address) 719 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State None ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	Aug 9, 1916
20-UNDERTAKER	ADDRESS
Sam'l Shaw Son	700 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

C97291 C97291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Fremont ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter David Stafford

(Residence in Baltimore: No. 1134 West Ost St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. March 9, 1874 (Month) (Day) (Year)

7-AGE. 42 yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, David L. Stafford

11-BIRTHPLACE OF FATHER (State or Country), Cambridge Md

12-MAIDEN NAME OF MOTHER Annie Cornish

13-BIRTHPLACE OF MOTHER (State or Country). Cambridge Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dan L Stafford

(Address) 716 Forest St

15-

Filed ....., 191.....

AUG 10 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 191 6, to Aug 9 191 6 that I saw h alive on Aug 9 191 6, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary).....

(Duration) yrs. ..... mos. ..... ds.

(Signed) H. Russell Sm M. D.

Aug 9, 1916 (Address) 2311 Harford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. Aug 11., 1916

20-UNDERTAKER James H Dennis

ADDRESS 1303 Bustleton

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97292 97292

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md General Hosp St.; 4 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard A. Turner

(Residence in Baltimore: No. 550 Robert St. 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1857 (Year)

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), U. Va.

PARENTS.

10-NAME OF FATHER, Howard Turner

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Carter

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Turner

(Address) 550 Robert St

15-

Filed AUG 10 1916, 191..... L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1, 191 6, to Aug 8, 1916, that I saw h[illegible] alive on Aug 8, 191 6, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Arteritis

Tuberculosis of Cerebro spinal Meninges

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Senile Gangrene of left foot

(Duration) yrs. mos. 8 ds.

(Signed) Elmer Newcomer M. D.

8-8-, 191 6 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 550 Robert St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Aug 10 1916

20-UNDERTAKER Bernard H. Dennis

ADDRESS 1303 Preston

Spec —5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97293 C97293

CERTIFICATE OF DEATH.

164

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Wilmor alley ST.) 17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Boone

Residence in Baltimore: No. 1129 Wilmor alley St.; Life (yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Col	Single

6-DATE OF BIRTH, ... July (Month) 9 (Day), 1915 (Year)

7-AGE, ... 1 yrs. 1 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, James P. Boone

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Florence Wingo

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Boone

(Address) 1129 Wilmor Alley

15-

Filed AUG 10 1916 191.. Z Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1916, to Aug. 9 1916, that I saw h[illegible] alive on Aug 8 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

~ ~ (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ~ mos. 12 ds.

(Signed) Jno. G. Thiesz M. D.

Aug 9, 1916 (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... dc. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 9 1916

20-UNDERTAKER Daniel Easterday — ADDRESS 916 Pa Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C97294 HEALTH DEPARTMENT—CITY OF BALTIMORE C97294

CERTIFICATE OF DEATH.

28 REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 E Lafayette ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredrick Wagner

(Residence in Baltimore: No. 1701 E Lafayette ave St.; 38 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: June (Month) 12 (Day), 1878 (Year)

7-AGE: 38 yrs. 1 mos. 27 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimre

PARENTS.

10-NAME OF FATHER: Conrad Wagner

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dortha Becker

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Margaret Wagner

(Address).....

15- 2

Filed AUG 10 1916, 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Aug (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1916, to Aug 9 1916, that I saw him alive on Aug 9 1916 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) 5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Aug 10, 1916 (Address) 936 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cemetery — DATE OF BURIAL: Aug 12, 1916

20-UNDERTAKER: Coe Cook — ADDRESS: 502 North

In Black Monument Near Ensor St

Spec.—8-24-14—M. & T.—2000 Bks.

C97295 X146 C97295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle Washington

(Residence in Baltimore: No. Franklin Square Hospital St.; ~ yrs. ~ mos. 13 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 10, 1900
(Month) (Day) (Year)

7-AGE, 16 yrs. 4 mos. ~ ds.

If LESS than 1 day, ~ hrs. or ~ min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer). ~

9-BIRTHPLACE, (State or Country), Washington, D.C.

PARENTS.

10-NAME OF FATHER, John Washington.

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Elizabeth Chambers.

13-BIRTHPLACE OF MOTHER (State or Country), Washington, D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Washington

(Address) 509 R. St. N.E. Washington D.C.

15- Filed AUG 10 1916, 191~ HARRY C. ANDREWS Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 4, 1916, to August 10, 1916, that I saw her alive on August 10 1916, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Osteo-Myelitis of left Femur

(Duration) ~ yrs. ~ mos. 13 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) ~ yrs. ~ mos. 13 ds.

(Signed) Albert F. Chambers M. D.

Aug. 10, 1916 (Address) 1012 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ~ yrs. mos. 13 ds. In the State ~ yrs. mos. 13 ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence Washington DC

19-PLACE OF BURIAL OR REMOVAL, Washington DC

DATE OF BURIAL, Aug. 10, 191~

20-UNDERTAKER Kelly Brooks & Son

ADDRESS 11 S Calhoun

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97296 C97296

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3229 Kingsley ST.: 20 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Erb

(Residence in Baltimore: No. 3229 Kingsley St.: yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Widower

6-DATE OF BIRTH, June (Month) 1 (Day), 1850 (Year)

7-AGE	If LESS than 1 day,
66 yrs. 7 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brewer
(b) General nature of industry, business, or establishment in which employed (or employer): Brewery

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Erb.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hannah Baumbach

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gottlieb Erb

(Address) Roswood Balto Co

15- AUG 10 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Asphyxia

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heat

(Duration) yrs. mos. 1 ds.

(Signed) James M. Revlon M. D. (Coroner.)

Aug 8, 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, AUG 10 1916, 19...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97297 C97297

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Iggetts.

(Residence in Baltimore: No. Johns Hopkins Hospital. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 8 (Day), 1916 (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Ruben Iggetts.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Evelyn Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Russell M.D.

(Address) Johns Hopkins Hospital

15- AUG 10 1916

Filed....., 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,

that I saw h.... alive on ....191....,

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Abortion 5th month

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Wm. L. Russell M. D.

Aug 8, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	AUG 9 1916
20-UNDERTAKER	ADDRESS
Commissioner Health.	

HARRY C. ARMSTRONG Local Registrar Clerk.

Dr. Wm. S. NOBLE

FOR ANATOMICAL PURPOSES.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97298 C97298

CERTIFICATE OF DEATH

29

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 2617 Greenmount Ave ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Howard Yost

(Residence in Baltimore: No. 2617 Greenmount Ave St.: 15 yrs. mos. ds.)

D

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: July (Month) 6 (Day), 1854 (Year)

7-AGE: 62 yrs. 1 mos. 1 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Painter & Decorator
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Co. Md.

PARENTS

10-NAME OF FATHER: William H. Yost

11-BIRTHPLACE OF FATHER (State or country): Baltimore Co.

12-MAIDEN NAME OF MOTHER: Lyna Eurneman

13-BIRTHPLACE OF MOTHER (State or country): Philadelphia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harley T. Yost
(Address) 2617 Greenmount

15 AUG 10 1916 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 8th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1916, to. Aug 8 1916.
that I saw him alive on Aug 8, 1916.
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis Gastro Intestinal
Tract (Duration) unknown yrs. mos. ds
Contributory (SECONDARY) Lues (Duration) unknown yrs. mos. ds.

(Signed) John Evans M. D.
8/9, 1916 (Address) 502 Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loose Presbyterian | DATE OF BURIAL: Aug 11, 1916

20-UNDERTAKER: C. A. Riedyfad Jr. | ADDRESS: [illegible]

is very important. See instructions on back of certificate.

Spec.—8 24 14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97299

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97299

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 S. Kenwood Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Burbett

Residence in Baltimore: No. 1013 S Kenwood Ave St.; 76 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan (Month) 14 (Day), 1844 (Year)

7-AGE, 73 yrs. 7 mos. 27 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Fred Burbett Bunick

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Nora Tuck

(Address) 1013 S. Kenwood

15-

Filed AUG 10 1916

HARRY C. ANDREWS
Deputy Register

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 1916, to Aug 10 1916, that I saw her alive on Aug 10 1916, and that death occurred, on the date stated above, at 12.15 A.m.

The CAUSE OF DEATH* was as follows:

Senility of Old Age

Paralysis of Bowels & Pneumonia

Contributory

(Duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. 1 mos. ds.

(Signed) C. C. Hammann M. D.

, 191... (Address) 1355 Ellwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Aberdeen Md | DATE OF BURIAL, Aug 12, 1916

20-UNDERTAKER Louis Heemann | ADDRESS 32 S. Broadway

W 4515 f

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home, ST., 4 WARD)

REGISTERED NO. C 104 097300

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Green

(Residence in Baltimore: No. St. Elizabeths Home St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, unknown (Month), 1 (Day), (Year)

7-AGE, about 20 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Minnie Green

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Herzog

(Address) St. Elizabeths Home

15- Filed AUG 10 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 191 6, to Aug. 6 191 6, that I saw her alive on Aug. 6 191 6, and that death occurred, on the date stated above, at 11 45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 1 mos. ds.

(Signed) Chas. E. Gahagan M. D.

Aug. 7, 191 6 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 13 ds. In the State life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence St. Elizabeths Home

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. DATE OF BURIAL, Aug. 10 191 6.

20-UNDERTAKER Samuel L. Hansbury ADDRESS 1787 N. Bible

ident
GEORGE L. JONES,
General Secretary
ALDA L. ARMSTRONG,
Assistant General Secretary
LILLIAN STABLER,
Treasurer

HENRY WATSON CHILDREN'S AID SOCIETY

BALTIMORE CITY BRANCH OF THE

MARYLAND CHILDREN'S AID SOCIETY

GLENN BUILDING
16 ST. PAUL ST.

BALTIMORE, MD. September 1, 1916.

To Whom it may concern :-

A colored infant was sent to St. Elizabeth's Infant Asylum, this city, under the name of "Baby Doll Tutty". Upon investigation we found that this child's foster mother was named Tutty and its own mother was named Green, so the child was registered in the asylum under the name of Green. The name of Mary was given the child by the Sisters in the Asylum. The child who died and was registered as Mary Green was identical with "Doll Baby Tutty."

Very truly,

Alda L. Armstrong

Assistant Secretary.

ALA/AAE

Maryland
Baltimore

Baltimore, Md. Sept 2 1916

sonally appeared before me, a Notary Public Dr Thomas K Galvin
g duly sworn states that the name Mary
n appearing on death certificate showed be
by Doll Tutty" and that the said Baby Doll Tutty
Mary Grace) died at St Elizabeths
ne, Baltimore, Md. on Aug. 6 1916

Signed Thos. K. Galvin
Sister Mary Camelita
Notary Public

6/16 Thos. K. Galvin

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT, CITY OF

Spec.—5-19-13—M. & T.—500 Bks.

C97301

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97301

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 S. Carey ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry P. McCurley

(Residence in Baltimore: No. 41 S. Carey St.: Life yrs.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single.

6-DATE OF BIRTH, August (Month) 20 (Day), 1880 (Year)

7-AGE, 35 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James McCurley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary McLaughlin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs McCurley

(Address) 41 S. Carey St

15- AUG 10 1916 Filed....., 191.... HARRY C. ADELSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 9. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 191 6, to August 9 191 6, that I saw h.m alive on August 9 191 6, and that death occurred, on the date stated above, at 4.35 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 2, mos. ds.

CONTRIBUTORY. (Secondary) Cardiac Features

(Duration) 1 yrs. mos. 2 ds.

(Signed) Albert A. Driscoll M. D.

Aug 10, 191... (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug. 11, 191. 6

20-UNDERTAKER John C. Moran & Sons — ADDRESS Park

Spec.—8-24-14—M. & T.—2000 Bks.

C97302

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97302

CERTIFICATE OF DEATH.

B 180

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 E Lombard ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Campbell.

(Residence in Baltimore: No. 3100 E Lombard St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Aug 21 1846 (Month) (Day) (Year)

7-AGE: 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer & Cattle Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm Retired

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER, Thomas Campbell

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER: Jane Moody.

13-BIRTHPLACE OF MOTHER (State or Country), Wales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John B Cruchet

(Address) 3100 E Lombard

15- Filed AUG 10 1916, 191.. HARRY C. ARENDT Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 9, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 – 1916, to Aug. 9 – 1916, that I saw h[illegible] alive on Aug. 4 – 1916, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Albuminuria

Large White Kidney

(Duration) 4 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Coma Uremic

(Duration) — yrs. — mos. 6 ds.

(Signed) Edwin B. Fenby, M. D.

Aug. 9, 1916 (Address) 223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loraine — DATE OF BURIAL, Aug 12, 1916.

20-UNDERTAKER John A Mears — ADDRESS Bank & Aisquith

C97303 C97303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5 N. Strieper ST.: 6 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos Griffin

(Residence in Baltimore: No. 5 n Strieper S— yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 26, 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. 7 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day

9-BIRTHPLACE, (State or Country), Ireland,

PARENTS.

10-NAME OF FATHER, Thom Griffin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret McDermott

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Griffin

(Address) 5 n Strieper

15- AUG 10 1916 Burial Permit Clerk
Filed....., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) H K Ensor M. D.
(Coroner)

191... (Address) 711 E Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Aug 11, 1916

20-UNDERTAKER D. M. Flynn — ADDRESS 14 E Eight St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C97304 C97304

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97304 104 C97304

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 376 N. 29 St. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon A. Alder

(Residence in Baltimore: No. 376 N. 29 St. St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) 1 (Day), 1916 (Year)

7-AGE: ..... yrs. 4 mos. 8 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Albert A Alder

11-BIRTHPLACE OF FATHER (State or country): Balto City

12-MAIDEN NAME OF MOTHER: Jardeen Kelly

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A A Alder

(Address) 376 N. 29 St.

15- Filed AUG 10 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6, 1916, to, Aug 9 1916, that I saw him alive on Aug 9 1916 and that death occurred, on the date stated above, at 11-30 P.M.

The CAUSE OF DEATH* was as follows:

Enteric Colitis.

(Duration) ..... yrs ..... mos. 4 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) Albert Theller M. D.

Aug 9 1916 [Address] 3 E. Pleasant

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Aug 11 191 6

20-UNDERTAKER: W. S. Marshall — ADDRESS: 2539 Falls Rd.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C97305

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97305

CERTIFICATE OF DEATH.

179

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1440 Mosher St. 16 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Charles Matthews

(Residence in Baltimore: No. 1369 N. Calhoun St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 2, 1852
(Month) (Day) (Year)

7-AGE, 54 yrs. mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter
(b) General nature of industry, business, or establishment in which employed (or employer). Home

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, John A Matthews

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Caroline A Edes

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife

(Address) 1369 N. Calhoun

15- AUG 10 1916 HARRY C. ANDREWS
Filed ....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Aug 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Embolism

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) ?

(Duration) yrs. mos. ds.

(Signed) J. Fenwick Lee, M. D.
(Coroner.)

Aug 9, 1916 (Address) 814 N. Eutaw

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State None yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Shady Side Md. DATE OF BURIAL, Aug 11, 1916

20-UNDERTAKER James H. Dennis & Son ADDRESS 1308 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Bks

C97306 C97306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Poplar Grove St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert G Averby Jr,

(Residence in Baltimore: No. 1415 Poplar Grove St. Life time yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) S

6-DATE OF BIRTH, July 7th, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or Country) Balto MD,

PARENTS.

10-NAME OF FATHER Herbert G Averby

11-BIRTHPLACE OF FATHER (State or Country), NC,

12-MAIDEN NAME OF MOTHER Helen Coons

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert G. Averby,

(Address) 1415 Poplar Grove

15. AUG 10 1916

Filed ....., 191.... Burial Permit Given

HARRY C. ANDREAS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 22nd, 1916, to Aug 9th 1916, that I saw h[illegible] alive on Aug 9th 1916, and that death occurred, on the date stated above, at 6 15 a. m.

The CAUSE OF DEATH* was as follows:

Diarrhea and Enteritis

(Duration) about 28 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Osbert T. Mortimer M. D.

Aug 9th, 1916 (Address) 5301 Fullerton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL AUG 10 1916

20-UNDERTAKER Geo A Gerby

ADDRESS Balto & Payson 56

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97307 C97307 ×91

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell Williams

(Residence in Baltimore: No. Md Gen. Hospital St.; — yrs., — mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Arthur William

11-BIRTHPLACE OF FATHER (State or Country), Balt Co Md

12-MAIDEN NAME OF MOTHER Ella Payne

13-BIRTHPLACE OF MOTHER (State or Country), Balt Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arther William

(Address) Arbutus Md

15- 2

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2, 1916, to Aug 9, 1916, that I saw h[illegible] alive on Aug 9, 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
& Gaseous Magazine, with
Hydrothorax & Mediastinal Hemorrhage

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Elmer Hutchinson M. D.

8-10-, 191.6 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Arbutus Md.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, Aug 11, 1916

20-UNDERTAKER Geo H Hooper | ADDRESS 609 Fulton

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97308 C97308

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Harlem ave ST.; 16 WARD) REGISTERED NO. C

2-FULL NAME Robert Templeton

(Residence in Baltimore: No. 906 Harlem ave St.; (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

64 yrs. 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 26 (Month) (Day), 1852 (Year)

7-AGE, 64 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk (retired)
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Templeton

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Maria Burns

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt. W. Templeton

(Address) 906 Harlem Ave

15-

Filed AUG 11 1916 191 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 10 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1916, to Aug 10 1916, that I saw h[illegible] alive on Aug 09 1916, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

about 2 mos

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia Coma

(Duration) yrs. mos. ds.

(Signed) H. E. Kratz M. D.

Aug 11, 1916 (Address) 100 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 12, 1916

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97309 C97309

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 E. Federal St ST.; V WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A. Dukehart

(Residence in Baltimore: No. 1918 E. Federal St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Dec. (Month) 23 (Day), 1914 (Year)

7-AGE, 1 yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. Harry Dukehart

11-BIRTHPLACE OF FATHER (State or Country). Balto City

12-MAIDEN NAME OF MOTHER Emma A Woods

13-BIRTHPLACE OF MOTHER (State or Country). Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Dukehart

(Address) 1817 E. Federal

15-

Filed AUG 11 1916, 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9th 1916, to Aug 9th 1916, that I saw h S alive on Aug 9th 1916, and that death occurred, on the date stated above, at 1.20 A. m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

Infantile Convulsions

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) about 7 hours

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto J. Mussetter M. D.

Aug 10th, 1916 (Address) 510 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park	Aug. 11, 1916
20-UNDERTAKER	ADDRESS
H. L. Turner	1442 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C97310 C97310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hospt. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. J. Smith

(Residence in ~~Baltimore~~: No. Thorn Lane, Md St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White.	Married

6-DATE OF BIRTH, ... July (Month) 6 (Day), 1832 (Year)

7-AGE, 84 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Mason

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joshua Oler

(Address) Thorn Lane Md

15-

Filed AUG 11 1916, 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1916, to Aug 8 1916, that I saw h[illegible] alive on Aug 8 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation
Chronic Interstitial
Nephritis, General
Arterio-sclerosis

(Duration) ....yrs. 2 mos. 16 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Ernest Newcomer M. D.

8-10, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 16 ds. In the State ....yrs. 2 mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Thorn Lane

19-PLACE OF BURIAL OR REMOVAL, St Mary's Danforth — DATE OF BURIAL, Aug 11, 1916

20-UNDERTAKER Hall & Turner — ADDRESS 1402 N. Bd

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

697311

HEALTH DEPARTMENT—CITY OF BALTIMORE

C-97311

CERTIFICATE OF DEATH.

X 15

REGISTERED NO. C 97311

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eckhardt E Scholtz

(Residence in Baltimore: No. Fairmount ave near Glenoak St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 1st, 1876 (Month) (Day) (Year)

7-AGE, 39 yrs. 8 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Compositor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Norfolk Va

PARENTS.

10-NAME OF FATHER, Paul E. Scholtz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hedwig Von Haunstein

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul E. Scholtz

(Address) 3621 Greenmount Ave

15- AUG 12 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1916, to Aug 10 1916, that I saw h[illegible] alive on Aug 10 1916, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Surgical shock
(Cholecystectomy)
(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia
(Duration) ...yrs. ...mos. 2 ds.

(Signed) W. L. Richards M. D.

Aug. 10, 1916. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 5 ds. In the State 25 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence Fairmount ave near Fremont

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lauden Park	Aug. 12, 1916.
20-UNDERTAKER	ADDRESS
Frank A. Fink	615 N. Gay

Spec.—5-19-13—M. & T.—500 Bks.

C97312 C97312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Carrollton Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy D. Allen

(Residence in Baltimore: No. 507 N. Carrollton Ave St.; 35 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.): Widow

6-DATE OF BIRTH: December 16th, 1835 (Month) (Day) (Year)

7-AGE: 80 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Zacariah Harding

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Susannah Ogleheart

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Howard Ogleheart M.D.

(Address) 507 N. Carrollton Ave

15- AUG 11 1916 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 10th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10th 1916, to August 10th 1916, that I saw her alive on August 10th 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cardiac Regurgitation

Arteriosclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis Sclerosus

(Duration) 6 yrs. mos. ds.

(Signed) J. Howard Ogleheart M. D.

Aug. 10th, 1916. (Address) 507 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Aug. 13, 1916.

20-UNDERTAKER George J. Smith — ADDRESS 1060 Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97313

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97313

64

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew aged Home ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Etta Perd Cohen

(Residence in Baltimore: No. aisquith & Fayette st St.; 9 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unkown (Month) ..... (Day), 1842 (Year)

7-AGE, 74 yrs. — mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unkown

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Baltimore

15-

Filed AUG 11 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1916, to Aug 11 1916, that I saw her alive on Aug 11 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (Duration) ..... yrs. — mos. — ds.

(Signed) M J Lewis M. D.

8/11-16, 191... (Address) 712 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. — mos. ..... ds. In the State 9 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? aged Home

Former or usual residence aisquith Fayette st

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale DATE OF BURIAL, 8/11, 1916

20-UNDERTAKER, Joel Lewis ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97314

CERTIFICATE OF DEATH.

Johns Hopkins Hospital 170

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Johns Hopkins~~ ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Schroeder

(Residence in Baltimore: No. 132 Aisquith St St.; 4 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
mail	Wht	Single

6-DATE OF BIRTH, aug — 1912
(Month) (Day) (Year)

7-AGE, 4 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jacob Schroeder

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Ada Burr

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Balto St

15- AUG 11 1916
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, aug 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from aug 9 1916, to aug 10 1916, that I saw h— alive on aug 10 1916, and that death occurred, on the date stated above, at 7.55 p. m.

The CAUSE OF DEATH* was as follows:

General Septicaemia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Staphylococcus infection. Tonsilectomy with Diagnosis

(Duration) yrs. mos. ds.

(Signed) H. T. Wood M. D.

Aug 10, 1916. (Address) J. H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 4 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 132 Aisquith St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington — DATE OF BURIAL, 8/11, 1916

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto

C97315

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97315

1-PLACE OF DEATH — REGISTERED NO. C 78

CITY OF BALTIMORE (No. 707 W. Lafayette Av ST.) 17 (WARD)

(If death occured In a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretta Skinner

(Residence in Baltimore: No. 707 W. Lafayette Av St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: white | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: Unknown (Month) (Day), 1899 (Year)

7-AGE: 17 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: George H Skinner

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Susie McCarthy

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Skinner

(Address) 707 Lafayette Ave

AUG 11 1916 AUG 11 1916

Filed ..., 191 Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1916, to Aug 8, 1916, that I saw h-er alive on Aug 8, 1916, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) B B Browne M. D.

Aug 10, 1916 (Address) 510 Park Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral | DATE OF BURIAL: Aug 12, 1916

20-UNDERTAKER: M Fahey & Sons | ADDRESS: 606 Lafayette Av

IS VERY IMPORTANT. See instructions on back of certificate.

C97316

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97316 C97316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland Ave. Fort Ave ST.) (1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William F. Wheatley

(Residence in Baltimore: No. 3138 Fait Ave

St.: Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug. 17, 1902
(Month) (Day) (Year)

7-AGE, 13 - 11 23
yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Water Carrier
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William A Wheatley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ella Smith

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 3138 Fait Ave

15- AUG 11 1916

Filed ....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq.
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inq.
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

I. Fracture of Skull

Shock Accident
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fall on Road through a Tower.
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Aug 10, 1916. (Address) 514 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 2 years mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wabash, Somerset Co Md. DATE OF BURIAL, Aug 11, 1916

20-UNDERTAKER H E Hughes ADDRESS 17 S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C97317 105 C97317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 Columbia ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Leo Morris

(Residence in Baltimore: No. 1234 Columbia ave St.; 3 yrs., mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 2 (Day), 1913 (Year)

7-AGE, 3 yrs. mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Geo. H. Morris

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Maggie Morris

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Morris

(Address) 1234 Columbia ave

15-

Filed AUG 11 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 8 1916, to August 10 1916, that I saw h— alive on August 10 1916 and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Pyemia Cerebral Abscess

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Mal Nutrition

(Duration) yrs. mos. 10 ds.

(Signed) Richard Dixon M. D.

Aug 11, 1916 (Address) Very Baltimore Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Aug 12 1916

20-UNDERTAKER John J Conan & Son — ADDRESS 901 Hollins

John J. Conran x Son 901 Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

C97318

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97318

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Gostenmeyer

(Residence in Baltimore: No. 911 N Luzerne St St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 20 (Day), 1860 (Year)

7-AGE, 56 yrs. 6 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Andrew Gostenmeyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Linda Spangle

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address)

15- Filed AUG 11 1916 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to Aug 10 1916, that I saw h[im] alive on August 10 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(Duration) one year

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G. Tracy Ross M. D.

8-11-16, 191.. (Address) Waverly Apts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 24 yrs. mos. 24 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence 911 N Luzerne St

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem. DATE OF BURIAL, Aug 12, 1916

20-UNDERTAKER Elliott & Fuller ADDRESS 220 N Broadway

C97319 43 C97319

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH: The Shelter for Aged Colored Women

CITY OF BALTIMORE (No. 517 W. Biddle St. 17 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Flora Hudson

(Residence in Baltimore: No. 517 W. Biddle St.: 79 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem.

4-COLOR OR RACE: Col.

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED OR ~~DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: About (Month) (Day) [illegible] (Year)

7-AGE: 79 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): (Cook)

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Don't Know

11-BIRTHPLACE OF FATHER (State or country): Don't Know

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs Wharton
(Address): 517 W Biddle St

15-
Filed [illegible] 1916
REGISTRAR: L

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1914, to Aug 9 1916
that I saw h[illegible] alive on Aug 9, 1916
and that death occurred, on the date stated above, at 4 P. M.
The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast.

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY): Carcinoma of Lung

(Duration) — yrs. — mos. 5 ds.

(Signed) Hunter Harrison M. D.
Aug 11, 1916 (Address) 1316 St Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 4 yrs. mos. ds. In the State Life yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence: The Shelter for Aged Colored Women

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Aug 11, 1916

20-UNDERTAKER: Chas. E. Franck ADDRESS: 802 Madison Ave

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T. [illegible] Cs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97320

CERTIFICATE OF DEATH.

1-PLACE OF [illegible]

CITY OF BALTIM[illegible] No. 117 S Arlington Ave ST.: 18 WARD) REGISTERED NO. C

2-FULL NA[illegible] Mary Agnes Perry

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 117 S Arlington Ave St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 27 (Day), 1893 (Year)

7-AGE, 23 yrs. mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer). Dept. Store

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm F. Perry

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Josephine Tegelow

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm F. Perry

(Address) 117 S Arlington Ave

15-

Filed AUG 11 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1916, to August 9 1916, that I saw h[illegible] alive on August 8 1916, and that death occurred, on the date stated above, at 7.45a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm O'Neill M. D.

Aug 10, 1916 (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug. 12., 1916.

20-UNDERTAKER Harry C Breuning & Son — ADDRESS 517 N Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

C97321 C97321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Bolton ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Fox

(Residence in Baltimore: No. 1202 Bolton St.; 51 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: Don't know (Month) 1 (Day) ..... (Year)

7-AGE: 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or estsblishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: John O'Brien

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles A. Fox Jr.

(Address) 1202 Bolton St.

15-

Filed ..... AUG 11 1916 ....., 191.....

Registrar 1

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: August 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Aug 9th 1916, that I saw h[illegible] alive on Aug 9th 1916, and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. D. Blount M. D.

Aug 11, 1916. (Address) 1-11 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Aug 12th, 1916

20-UNDERTAKER: Henry H. Perkins & Sons Co

[illegible] Eutaw & Orchard Sts.

C97322 C97322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. City Jail ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Murray

(Residence in Baltimore: No. 737 N. Cross St.; yrs. 46 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 21 (Day), 1892 (Year)

7-AGE, 23 yrs. 10 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James H. Murray

11-BIRTHPLACE OF FATHER (State or Country), Virgina

12-MAIDEN NAME OF MOTHER, Minnie Bennett

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Murray

(Address) 737 N. Cross St

15- Filed AUG 11 1916, 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 9th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Duration.....yrs.....mos.....ds.

CONTRIBUTORY Pulmon Edema

(Secondary)

Short time (Duration).....yrs.....mos.....ds.

(Signed) W. J. Kelly M. D.
(Coroner.)

Aug 11, 1916. (Address) 663 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Aug. 12 1916.

20-UNDERTAKER Robert Brooks & Son ADDRESS 17 E. Calhoun St

C97323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97323

28

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1074 Raborg St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Queen

(Residence in Baltimore: No. 1074 Raborg St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 24 (Day), 1875 (Year)

7-AGE: 41 yrs. — mos. 17 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Coachman
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Mr Queen

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Sarah Shumpkins

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Della Queen

(Address) 1074 Raborg St

15. Filed AUG 11 1916, 191 — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1916, to Aug 9, 1916, that I saw h[illegible] alive on Aug 9, 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Don't Know ds

Contributory (SECONDARY) Inanition

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. L. Hooper M. D.

Aug 10, 1916. (Address) 917 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Aug 12, 1916

20 UNDERTAKER: Charles B Jones — ADDRESS: 235 N Pine St

Pulmonary trouble attended 7 to 8 months Came from New York

IS VERY IMPORTANT. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97324

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C97324

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 227 Amity ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Priscilla Deet

(Residence in Baltimore: No. 227 N. Amity St. St.: yrs. 7 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March 19, 1864 (Month) (Day) (Year)

7 AGE: 47 yrs. 4 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Washington D C

PARENTS

10 NAME OF FATHER: Ivy Davis

11 BIRTHPLACE OF FATHER (State or country): Washington D.C

12 MAIDEN NAME OF MOTHER: Priscilla Davis

13 BIRTHPLACE OF MOTHER (State or country): Washington D.C

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Blanch Stolly

(Address) 1018 Booth St

15 Filed AUG 11 1916 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1916, to Aug 9 1916, that I saw her alive on Aug 9, 1916, and that death occurred, on the date stated above, at 8.58 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 7 mos. ds

Contributory (SECONDARY) Asthma

(Duration) yrs. mos. 21 ds.

(Signed) J L Hooper M. D.

Aug 10, 1916 (Address) 91 7 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Auburn

DATE OF BURIAL: Aug 13, 1916

20 UNDERTAKER: John F Cowan & Sn

ADDRESS: 901 Hollins St

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97325 104 C97325

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Locher

(Residence in Baltimore: No. 300 So. Eden St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.) Single

6-DATE OF BIRTH, June (Month) 23 (Day), 1916 (Year)

7-AGE, 70 yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Locher

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Marguerite Miller

13-BIRTHPLACE OF MOTHER (State or Country), Germ

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address) Balto Md

15- Filed AUG 12 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28 1916, to Aug 10 1916, that I saw h.m alive on Aug 10 1916, and that death occurred, on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

Toxic (Duration) ....yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard L. Smith M. D.

Aug 10, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State 70 yrs. mos. ds.

Where was disease contracted if not at place of death? 310 Eden St

Former or usual residence 300 Eden St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, Aug....., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

Per. Wm. E. WOODALL

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97326 C97326

CERTIFICATE OF DEATH

104

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1106 Dukeland ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Audrey C. Sauerman

(Residence in Baltimore: No. 1106 Dukeland St.; Fifty yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov — 10, 1915 (Month) (Day) (Year)

7 AGE: ..... yrs. 9 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Edwin K Sauerman

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Emma Bell

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A Brine

(Address) 1314 Edmonson Ave

15 Filed AUG 12 1916, 191 HARRY C. ANDREWS BUREAU OF VITAL STATISTICS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. (Month) 10 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug-10-(7 a.m.)1916. to Aug 10-(6 P.M.)1916. that I saw h[illegible] alive on Aug 10 — 6 P.M. 1916. and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis acute
due to Heat and Artificial feeding

(Duration) — yrs. — mos. 2 ds

Contributory (SECONDARY) Cerebral congestion + Bronchopneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Ashley Cole M. D.

Aug- 11 —, 1916 (Address) 2201 Garrison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Aug. 12, 1916

20 UNDERTAKER: John B. Bell. ADDRESS: 98 Poplar (one s) ton

15 very important. See instructions on back of certificate. Exact statement of OCCUPATION

Spec.—5-19-13—M. & T.—500 Blks.

Spec.—5-19-13—M. & T.—500 Blks.

C97327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 C97327

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Hull ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Hart

(Residence in Baltimore: No. 1313 Hull St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Kane

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sarah McLaughlin

(Address) 1313 Hull Street

15-

Filed AUG 12 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9 Aug 1916, to 9 Aug 1916, that I saw her alive on 9 Aug 1916, and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Exhaustion due to heat

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James Lowen M. D.

11 Aug, 1916 (Address) 1505 Portland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Aug. 13, 1916

20-UNDERTAKER Margaret G. Flynn

ADDRESS 1422 Light St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97328 C97328

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Tucker

(Residence in Baltimore: No. 106 N. Fuzeme St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ..., (Month) ....., (Day) 1 (Year)

7-AGE, Born states 70 yrs ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Mannin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret (Unknown)

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Byrne

(Address) 106 N Fuzeme

15- Filed AUG 12 1916, 191.....

HARRY C. ANELLO
Burial Permit
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull — due to
a C & dental fall down stairs
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Paralysis respiratory Center
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Kelly (Coroner.) M. D.

Aug 10, 1916 (Address) 162 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. 7 mos. ..... ds.

Where was disease contracted, if not at place of death? 106 N Fuzeme St

Former or usual residence 106 N Fuzeme St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, August 12 1916.

20-UNDERTAKER, Margaret T. Flynn — ADDRESS 1422 Eight

Spec.—8-24-14—M. & T.—2000 Bks.

C97329 HEALTH DEPARTMENT—CITY OF BALTIMORE C97329

CERTIFICATE OF DEATH. 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Hull St. 24 WARD) REGISTERED NO. C

2-FULL NAME Annie Majewska

(Residence in Baltimore: No. 1410 Hull St St.; 1 yrs., 4 mos. 4 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 4, 1915. (Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Child.....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaw Majewski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Frances Bopczyk

13-BIRTHPLACE OF MOTHER (State or Country) Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaw Majewski

(Address) 1410 Hull St

15-

Filed AUG 12 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 10 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1 1916, to Aug. 10 1916, that I saw her alive on Aug. 9 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Maurice Fine, M. D.

Aug 11, 1916 (Address) 4232 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug. 12, 1916

20-UNDERTAKER William Fiaskowski — ADDRESS 1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C97329 C97330 C97330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N. Duncan ST.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Navratil

(Residence in Baltimore: No. 424 N. Duncan St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. August 20 (Month) (Day), 1882 (Year)

7-AGE. 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Butcher
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. John Navratil

11-BIRTHPLACE OF FATHER (State or Country). Moravia - Europe

12-MAIDEN NAME OF MOTHER. Joseta Horka

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseta Navratil

(Address) 404 N. Duncan St

15- AUG 12 1916 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25 1916, to Aug 10 1916, that I saw h.. alive on Aug 9 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Bowman M. D.

Aug 10, 191.. (Address) 1208 E. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem

DATE OF BURIAL, Aug 12, 1916

20-UNDERTAKER Geo. M. Fink

ADDRESS 811 N Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97331 C97331

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Edmondson Ave St.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sophie Forest

(Residence in Baltimore: No. 1205 Edmondson Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem'l

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, August (Month), (Day), 1858 (Year)

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Alex. Mc Kenney

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Waller M. Forrest

(Address) 1205 Edmondson Ave

15- AUG 12 1916 HARRY C. ANDREWS
Filed, 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 10th (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 24th 1915, to Aug 1916, that I saw her alive on Aug 10th 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
Exhaustion

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert A. Workman M. D.

Aug 10th 1916 (Address) 3201 Fleetwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Aug. 12, 1916

20-UNDERTAKER William Cook — ADDRESS 592 E. North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 C97332

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 719 Harlem Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley Ogle Gundersdorf

(Residence in Baltimore: No. 719 Harlem ave St.; 14 yrs., 7 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 14 (Day) 1902 (Year)

7-AGE, 14 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George E Gundersdorf

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Agnes Ogle Clark

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. E. Gundersdorf

(Address) 719 Harlem Ave

15- AUG 12 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1916, to Aug 10 1916, that I saw him alive on Aug 8 1916, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Rheumatism

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Endocarditis (+ find embolism)

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Geo. T. Kemp M. D.

Aug. 11, 1916. (Address) St James Apartments

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, Aug. 17, 1916

20-UNDERTAKER Chas. G. Black

ADDRESS 1201 W. Mulberry St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97333 64 C97333

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2237 h. Baltimore ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalia J. Strolmer

(Residence in Baltimore: No. 2237 W. Baltimore St.; 54 yrs., 3 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Widowed

6-DATE OF BIRTH, April 20, 1862 (Month) (Day) (Year)

7-AGE, 54 yrs. 3 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), W S Baltimore Md

PARENTS.

10-NAME OF FATHER, W Andrew Strolmer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rosalie Eff

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Strolmer

(Address) 2237 W. Balto St.

15- AUG 12 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1916, to Aug 11 1916, that I saw h- alive on Aug 11 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)..... yrs..... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs..... mos..... ds.

(Signed) E. V. Cumberland M. D.

Aug 11, 1916. (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug. 14, 1916.

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97334 64 C97334

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97334 C97334

CERTIFICATE OF DEATH

164

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 1817 Vine ST. 70 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Waters

(Residence in Baltimore: No. 1817 Vine St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH Unknown, 1 (Month) (Day) (Year)

7-AGE 6 yrs. 6 mos. ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER George Waters

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Martha Hawin

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Waters

(Address) 1817 Vine st.

15 Filed AUG 12 1916 191 L REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug 11, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1916, to Aug 11 1916 that I saw h.. alive on Aug 10, 1916 and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis.

(Duration) ..... yrs. ..... mos. 11+ ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. Wells Hering M. D.

8/11, 1916 (Address) 2000 Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn DATE OF BURIAL Aug 12 191 6

20-UNDERTAKER Wilbert & Brown ADDRESS 30 N. Mount St

is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97335 C97335

104

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1319 Clifton Heights St. 13 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hilda Jenkins

(Residence in Baltimore: No. 1319 Clifton Heights St.: yrs. mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Infant.

6-DATE OF BIRTH: Oct (Month) 22 (Day), 1915 (Year)

7-AGE: yrs. 9 mos. 20 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Alvion Jenkins

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Cora Grimber

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alvion Jenkins

(Address) 1319 Clifton Heights

15 Filed AUG 12 1916 19[illegible]

REGISTRAR [illegible]

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1916, to Aug 11 1916, that I saw her alive on Aug 11, 1916, and that death occurred, on the date stated above, at 10.40 a.m.

The CAUSE OF DEATH* was as follows:

Cholera d infantum

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) C. J. Davies M. D.

Aug 14, 1916 (Address) 800 N 33rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Marys Cemetery

DATE OF BURIAL: Aug. 12, 1916

UNDERTAKER: Chenoweth & Son

ADDRESS: 361 Eastern Ave

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97336 HEALTH DEPARTMENT—CITY OF BALTIMORE C97336

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 S. Robinson ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Meyers

(Residence in Baltimore: No. 429 S. Robinson St. 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 19th, 1916 (Month) (Day) (Year)

7-AGE, yrs. 6 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, George L. Meyers

11-BIRTHPLACE, OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Mathilda Eversmeier

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George L. Meyers

(Address) 429 S. Robinson St.

15-

Filed AUG 12 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 10th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6th 1916, to Aug 10th 1916, that I saw h[illegible] alive on Aug 9th 1916, and that death occurred, on the date stated above, at 2.45 A m.

The CAUSE OF DEATH* was as follows:

[illegible]

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

Aug 11th, 1916 (Address) 1504 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Aug. 12th, 1916

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Fleet St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97337 C97337

CERTIFICATE OF DEATH.

41

REGISTERED NO. C.....

1-PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (NO. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Leonard Dion

(Residence in Baltimore: No. Little Sisters of the poor St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 15, 1834
(Month) (Day) (Year)

7-AGE, 82 yrs. — mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER, Odris Dion

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER Mary Allagan

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- 2

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 11th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 191, to 191,

that I saw h[illegible] alive on July 30 1916,

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

Unknown (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) F. A. Warner M. D.

Aug 11..., 1916. (Address) 1133 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 4 mos. ds. In the State 60 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Cathedral Aug DATE OF BURIAL, 14 E., 1916

20-UNDERTAKER H. C. Mudge & Co ADDRESS 14 Greenmount a

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 97338

CITY OF BALTIMORE: (No. 1703 Guilford Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan M. Allison

(Residence in Baltimore: No. 1703 Guilford Ave St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, Sept (Month) 28 (Day), 1829 (Year)

7-AGE, 86 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Newcastle Pa.

PARENTS.

10-NAME OF FATHER, Robert Reid

11-BIRTHPLACE OF FATHER (State or Country), Newcastle Pa.

12-MAIDEN NAME OF MOTHER Grace Peden

13-BIRTHPLACE OF MOTHER (State or Country), Newcastle Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. A. Stevenson

(Address) 1810 Guilford Ave

15- AUG 12 1916

Filed 12, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1916, to Aug 11 1916, that I saw her alive on August 11 1916, and that death occurred, on the date stated above, at 8.45 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Apoplexy)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. A. Stevenson M. D.

Aug. 11, 1916. (Address) 1810 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Gettysburg Pa

DATE OF BURIAL, Aug 13, 1916

20-UNDERTAKER Chas. E. Poanch

ADDRESS 802 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97329 C97329

CERTIFICATE OF DEATH

REGISTERED NO. C 79

1-PLACE OF DEATH U. S. Marine Hosp.

CITY OF BALTIMORE: (No. U. S. Marine Hosp. St.; [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME R. Johnson

(Residence in Baltimore: No. U. S. Marine Hosp. St.: ..... yrs., ... mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH. Unknown, ... (Month) ..... (Day) 1890 (Year)

7-AGE. 26 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer). .....

9-BIRTHPLACE, (State or Country). N. C.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) No statement on admission to hospital. (Address) .....

15- AUG 12 1916 Filed ..... 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1916, to Aug 11 1916 that I saw h[illegible] alive on Aug 11 1916 and that death occurred, on the date stated above, at 8.35 p.m.

The CAUSE OF DEATH* was as follows: Valvular disease of heart

Mitral regurgitation

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Embolism

..... (Duration) ..... yrs. ..... mos. 12 ds.

(Signed) Chas. H. Wagel M. D.

Aug 12, 1916 (Address) U. S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 27 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Aug 12, 1916

20-UNDERTAKER Armour & Son ADDRESS 361 W. Chestnut Av.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97340

CERTIFICATE OF DEATH.

91 C97340

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 ~~Mc~~ Mc Henry ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily C. Warfield

(Residence in Baltimore: No. 716 Mc Henry St.: 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) (Day) 1843 1843 (Year)

7-AGE. 72 71 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Nurse
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Co

PARENTS.

10-NAME OF FATHER, Thomas Warfield

11-BIRTHPLACE OF FATHER (State or Country), A.A. Co md

12-MAIDEN NAME OF MOTHER Ann Warfield

13-BIRTHPLACE OF MOTHER (State or Country), A.A. Co md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joanna A. Ewing

(Address) 863½ W. Lombard

15-

Filed AUG 12 1916 191 Z

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 11th (Day); 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to Aug 11th 1916, that I saw h e alive on Aug 11th 1916, and that death occurred, on the date stated above, at 7.15 m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 10 ds.

(Signed) J. E. Boulton M. D.

Aug 11th 1916 (Address) 615 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Aug 13, 1916.

20-UNDERTAKER Jos Joerdens Son — ADDRESS 217 S. Pac

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97341 C97341

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1710 Druid Hill Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Ramsey

(Residence in Baltimore: No. 1710 Druid Hill Ave St.; 13 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: August 1st, 1892 (Month) (Day) (Year)

7-AGE: 24 yrs. + mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: William H. Hill.

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Nancy Burke

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Ramsey

(Address) 1710 Druid Hill Ave

15-

Filed AUG 12 1916 1916 I Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 10th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to Aug 10th 1916, that I saw h— alive on August 10th 1916 and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Endocarditis

(Duration) 5 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. E. Lee M. D.

8/11, 1916, (Address) 912 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Chestertown, Kent Co. Md. DATE OF BURIAL: Aug 12, 1916

20-UNDERTAKER: George H. Holland ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

C97342 C97342

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Jackson ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn G. Bugenbeal

(Residence in Baltimore: No. 1732 Jackson St.; yrs., 8 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) 21 (Day), 1905 (Year)

7-AGE, yrs. 8 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or Country), Balto Md,

PARENTS.

10-NAME OF FATHER, McKay Bugenbeal

11-BIRTHPLACE OF FATHER (State or Country), Md,

12-MAIDEN NAME OF MOTHER Evelyn Burke

13-BIRTHPLACE OF MOTHER (State or Country), Md,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bugenbeal

(Address) 1932 Jackson St.

15-

Filed AUG 12 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1916, to Aug 11 1916, that I saw h[illegible] alive on Aug 11 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Gastro-Enteritis

(Duration) yrs. mos. 2 ds.

(Signed) R. E. Campbell M. D.

Augt, 191 6 (Address) 1644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pine Church Ground | DATE OF BURIAL, Aug. 13., 1916.

20-UNDERTAKER Mrs J. E. Evans & Sons | ADDRESS 1428 S. Charles St

Spec.—8-24-14—M. & T.—2000 Bks.

C97343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×79 C97343

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Ruemer

(Residence in Baltimore: No. 3404 Mt. Pleasant Ave, St.; 6 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Unknown, 1886
(Month) (Day) (Year)

7-AGE, 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Adam Lithauser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Christina Haas

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Ruemer

(Address) 3129 Strickland St

15- Filed AUG 12 1916, 191.. Registrar. 7

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 5 1916, to Aug 10 1916, that I saw h[illegible] alive on Aug 10 1916, and that death occurred, on the date stated above, at 9:20 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis Rheumatic

(not known)

Chronic (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Hard Drugs (Duration) 6 years mos. ds.

(Signed) Frank L. Dunn M.D. M. D.

Aug. 10, 191.6 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3404 Mt Pleasant Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, AUG 13 1916

20-UNDERTAKER Geo A Gerting

ADDRESS Baltimore

875

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C97344 C97344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry H. Mattson

(Residence in Baltimore: No. 2 South 11th Street St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 7 (Day), 1916 (Year)

7-AGE, ...yrs. 3 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Mattson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Irene Work

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15-

Filed AUG 12 1916, 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 6 1916 to August 11 1916, that I saw him alive on August 11 1916, and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Rountree M. D.

August 11 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2 S. 11th St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Aug 13 1916

20-UNDERTAKER John A Horan & Co

ADDRESS Bond St

C97345

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97345

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2227 Linden Ave. St. 16 Ward) 79

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sophie E Jenkins.

(Residence in Baltimore: No. 2227 Linden Ave. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May 13, 1873 (Month) (Day) (Year)

7 AGE: 43 yrs. 6 mos. ds. If LESS than 1 day, ... hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home.
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9 BIRTHPLACE (State or country): Cecil

PARENTS

10 NAME OF FATHER: Frank Galemeyer

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Shaybacker

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Jenkins

(Address) 2227 Linden

15.

AUG 12 1916

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 12, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1916, to Aug 12 1916, that I saw h[illegible] alive on Aug 12, 1916, and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Uremic Nephritis and Oedema

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY): Cardiac Exhaustion

(Duration) yrs. mos. ds.

(Signed) Richard Gatch M. D.

....., 191.... (Address) 2231 Eastwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, OR REMOVAL: Presbyterian Cem | DATE OF BURIAL: Aug 14, 1916

20 UNDERTAKER: H. Eastwood Son | ADDRESS: Norman

IS very important. See instructions on back of certificate. Exact statement of OCCUPATION is very important. It may be properly classified.

C97346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97346

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1924 Edmondson Ave, 16 WARD)

REGISTERED No. C 29

2-FULL NAME Mary J. Lowinger (Lainger)

(Residence in Baltimore: No. 1924 Edmondson Ave St.; yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 23, 1848 (Month) (Day) (Year)

7-AGE. 68 yrs. 0 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Michael Carlos

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Connie McKeown

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mary Lainger

(Address) 1924 Edmondson Ave.

15- AUG 12 1916

Filed ..... 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mal Nutrition

Chronic Endocarditis

Contributory Senility

Initial Insignificant (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Holtzinger M. D.

(Coroner.)

Aug 12, 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Aug 16, 1916

20-UNDERTAKER M. Sullivan & Son

ADDRESS North Ave

Duplicate. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97347 — 113 — C97347

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp, ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M Hahn

(Residence in Baltimore: No. 1114 N. Gilmor St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, January 18, 1870. (Month) (Day) (Year)

7-AGE, 46 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Grocer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Geo Hahn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaretha Bittrof

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane L Hahn

(Address) 1114 N Gilmor

15- Filed AUG 12 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 11, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8, 1916, to Aug 11, 1916, that I saw h[illegible] alive on Aug 11 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of Lungs

(Duration) yrs. mos. 1 ds.

(Signed) Elmer Mawyer M. D.

8-11-, 1916. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? —

[illegible] 1114 N. Gilmor

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 13 1916

20-UNDERTAKER W. Harwood Sons — ADDRESS Norther

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97348 8 109 C97348 8

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. 16 ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura W Laughlin

(Residence in Baltimore: No. 823 N Carey St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 27, 1857 (Month) (Day) (Year)

7-AGE, 59 yrs. 0 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home
(b) General nature of industry, business, or establishment in which employed (or employer). Work

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Nicolas Kerns

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Lynk

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Lynk Laughlin

(Address) 8237 Centralia

15- Filed AUG 12 1916 191 Registrar. L

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 12th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 11th 1916, to Aug. 12th 1916, that I saw h alive on August 12 1916, and that death occurred, on the date stated above, at 5.50 p.m.

The CAUSE OF DEATH* was as follows:

Strangulated Umbilical hernia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Post Operative Shock (Duration) yrs. mos. ds.

(Signed) M. F. Baskin M. D.

8/12, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Aug. 14 1916

UNDERTAKER H. Eckhardt Son ADDRESS Monument

Spec.—5-19-13—M. & T.—500 Bks.

C97349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C97349

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Poplar Grove St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Nolte

(Residence in Baltimore: No. 1114 Poplar Grove St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 14 (Day), 1862 (Year)

7-AGE, 54 yrs. 6 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Whisky Sales
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John H. Nolte

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. Nolte

(Address) 1114 Poplar Grove St.

15- AUG 12 1916 Filed....., 191... HARRY A. DIEHL Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9, 1916, to Aug 9, 1916, that I saw h[illegible] alive on Aug 9, 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Causing Uraemia

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal myocarditis

(Duration) yrs. mos. ds.

(Signed) S. S. Burk, M. D.

Aug 9, 1916 (Address) 2[illegible]63 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Comfort DATE OF BURIAL, Aug 13 1916.

20-UNDERTAKER C. H. Weisfeld & Sons Inc ADDRESS

C97350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 519 E. Burgundy al ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Herter

(Residence in Baltimore: No. 519 Burgundy st. St.; yrs., 28 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, March 21, 1857
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
59 yrs. 4 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Meshach Carter

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Alberta Coons

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lonnie Carter

(Address) 519 Burgundy al.

15-

Filed AUG 12 1916 191 HARRY C. ANDREWS Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....ds.

(Signed) G. Edward Smith M. D.
(Coroner)

Aug 10 1916 (Address) 710 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	Aug 12, 1916
20-UNDERTAKER R. L. Parham	ADDRESS 1312 W. Hanburg St.

C97351

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97351

C97351

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97351

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 914 Peach alley St. 23 Ward)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Margaret Chaupher

(Residence in Baltimore: No. 914 Peach Valley St.: 1 yrs. 3 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: April (Month) 22 (Day), 1915 (Year)

7 AGE: 1 yrs. 3 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Thomas Browne

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Chaupher

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) P. Morton Chase

(Address) 1402 Mosher St

AUG 12 1916

Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 11 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1916, to Aug 11th, 1916

that I saw her alive on Aug 10th, 1916

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. 1 mos. 3 ds.

Contributory (SECONDARY) Whooping Cough

(Duration) ..... yrs. ..... mos. 21 ds.

(Signed) G. H. Dilston M.D.

Aug 12, 1916 (Address) 201 E Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: Aug 13, 1916

20 UNDERTAKER: Chas H. Chase Son | ADDRESS: 1402 Mosher

IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97352

CERTIFICATE OF DEATH.

79 C97352

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara T Thomas.

(Residence in Baltimore: No. 1149 Whitcoat Street St.; 26 yrs. 7 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December 25, 1889. (Month) (Day) (Year)

7-AGE, 26 yrs. 7 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Harrison

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rachael Gray

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15-

Filed AUG 12 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 10 1916, to August 10 1916, that I saw her alive on August 10 1916, and that death occurred, on the date stated above, at 4 20 pm.

The CAUSE OF DEATH* was as follows:

Myocardial insuff

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Mitral insuff

(Duration) yrs. 1 mos. ds.

(Signed) C. L. Mason M. D.

August 11, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 24 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1149 Whitcoat St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 13, 1916.

20-UNDERTAKER Ann H. Elzey Hse — ADDRESS 220 N Pine

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97353 C97353

CERTIFICATE OF DEATH.

63

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 McCabes Court ST.: 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Elizabeth Anderson

(Residence in Baltimore: No. 1211 McCabes Court St.: 2 yrs., 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July (Month) 9 (Day), 1914 (Year)

7-AGE, 2 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Flamm.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Elizabeth Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Anderson

(Address) 1211 McCabes Court

15- AUG 12 1916 HARRY C. ANDREWS
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 9th 1916, to Aug 12 1916, that I saw her alive on Aug 11 1916, and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

(a)
Exhaustion
(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Anterior Poliomyelitis
(Duration) ....yrs. ....mos. 6 ds.

(Signed) C. P. Buxton M. D.

Aug. 12, 1916. (Address) 301 E Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem — DATE OF BURIAL, Aug 13 191 6

UNDERTAKER — ADDRESS

4 P.M.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97354 C97354

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C97354 108 C97354

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. University Hospt ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beulah Eades

(Residence in Baltimore: No. 104 N Green St St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1886 (Year)

7-AGE, 30 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer in
(b) General nature of industry, business, or establishment in which employed (or employer) Cap Factory

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Chas. Eades

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Agnes Eades

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hospital Record.
(Address) .....

15-
Filed AUG 12 1916, 191.....
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) — 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8-11 1916, to 8-17 1916, that I saw her alive on 8-17 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) 1 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Suppurative Otitis

(Duration) ... yrs. ... mos. 14 ds.

(Signed) R. C. Hall M. D.

8-17, 1916. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 1 ds. In the State — yrs. — mos. — ds.
Where was disease contracted, if not at place of death? Here.
Former or usual residence 104 N Green St.

19-PLACE OF BURIAL OR REMOVAL, Richmond Va. DATE OF BURIAL, 8-12, 1916

20-UNDERTAKER James Dignan & Son ADDRESS 1000 S Paca St

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C97355 104

B C97355

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C97355

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1516 Lemmon St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Johnson

(Residence in Baltimore: No. 1516 Lemmon St.; yrs., 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, April (Month) 7 (Day), 1906 (Year)

7-AGE,	If LESS than 1 day,
yrs. 4 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, Isaac Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Estell Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estell Stewart

(Address) 1516 Lemmon St.

15- No. 6 13 1910

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 12 (Day), 1910 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-Entero-Colitis

..... (Duration).....yrs.....mos. 20 ds.

CONTRIBUTORY (Secondary) Influenza Coma.

..... (Duration).....yrs.....mos. 2 ds.

(Signed) James H. Fenlon M. D. (Coroner.)

Aug 13 1910 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Aug. 13, 1910
20-UNDERTAKER	ADDRESS
Charles P. Jones	235 N. Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED NO. C 97356

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 N. Broadway ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Goldstein

(Residence in Baltimore: No. 1223 N Broadway St.; 12 yrs., ___ mos. ___ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE, 80 yrs. ___ mos. ___ ds.

If LESS than 1 day, ___ hrs. or ___ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mens Tailoring
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1411 E Balto St

15-

Filed AUG 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st 1916, to Aug 12 1916, that I saw him alive on Aug 12 1916, and that death occurred, on the date stated above, at 2300 m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ... yrs. ... mos. 1 2 ds.

CONTRIBUTORY (Secondary) Condition de Cataba

(Duration) ... yrs. ... mos. 3 ds.

(Signed) M. Chodeeroff M. D.

8/13, 1916. (Address) 411 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt. Carmel

DATE OF BURIAL, 8/15, 1916

20-UNDERTAKER Jack Levy

ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-64

C97357

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 N. Eden ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas F Murray

(Residence in Baltimore: No. 540 N. Eden st

St.; 51 yrs., 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 26, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Murray + Bro

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James R Murray

11-BIRTHPLACE OF FATHER (State or Country), Lutherville Balto Co Md

12-MAIDEN NAME OF MOTHER Eliza A Fitch

13-BIRTHPLACE OF MOTHER (State or Country), Fullerton Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James E Murray

(Address) 540 N Eden st

15- Filed AUG 13 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 12, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 19 1916, to Aug 12 1916, that I saw h[illegible] alive on Aug 12 1916, and that death occurred, on the date stated above, at 12.05 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(Duration) yrs. mos. ds.

(Signed) John D Fitch M. D.

Aug 13 1916 (Address) 936 E Monument st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug 14, 1916.

20-UNDERTAKER George Schilling + Sons

ADDRESS 1126 E Monument st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97358

CERTIFICATE OF DEATH.

91

C97358

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 N. Stricker ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Reba Chitwood

(Residence in Baltimore: No. 1124 N. Stricker St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 21 (Day), 1911 (Year)

7-AGE, 5 yrs. 4 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, Edward Chitwood

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Tongney

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Tongney

(Address) 1124 N. Stricker St.

15-

Filed AUG 13 1916, 191.....

HARRY C. ANDREWS
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 8- 1916, to Aug. 12- 1916, that I saw h[illegible] alive on Aug. 12- 1916, and that death occurred, on the date stated above, at 5-9 m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) - yrs. - mos. 5- ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. McCourtney M. D.

Aug. 12-, 1916 (Address) 6 N. Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leathedal

DATE OF BURIAL, Aug. 14 1916

20-UNDERTAKER Martin Fahey

ADDRESS 606 Lafayette Ave

C97359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C97359

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 724 S. Bethel St. WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kazmiera Borowska (Borowska)

(Residence in Baltimore: No. 724 S. Bethel St

St.; yrs., 00 mos. 00 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH.

April (Month) 2 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 11 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Vitold Borowsky

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Josephine Pzatkowsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Pzatkowska

(Address) 724 S. Bethel St

15-

Filed AUG 13 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
Marasmus
Malnutrition
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
..... (Duration).....yrs.....mos.....ds.

(Signed) Thos. Syme Feild Coroner. M. D.

Aug. 13, 1916. (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus,	Aug. 13, 1916,
20-UNDERTAKER M. F. Sadowski	ADDRESS 705 S. Ann St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. Cielinick 108

C97360 C97360

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Cielinick

(Residence in Baltimore: No. 519 S Regester St St.; 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Walter —

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Catherine —

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- AUG 30 1916

Filed ....., 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 3 1916, to August 12 1916, that I saw her alive on August 12 1916, and that death occurred, on the date stated above, at 2 05 p m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Appendicitis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) General Peritonitis

(Duration) yrs. — mos. 3 ds.

(Signed) L. Rupharter M. D.

Aug. 12, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State 22 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 519 S. Regester St

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Aug. 16th, 1916.

20-UNDERTAKER W. F. Sadowski. ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97361 144 C97361

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N Chester St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel Brill

(Residence in Baltimore: No. 11 N Chester St.; ..... yrs., ... mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) infant

6-DATE OF BIRTH, July (Month) 25 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Abraham Brill

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sudie Fishes

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Simon Brill

(Address) 100 N. Chester St.

15-

AUG 13 1916

Filed ..... d., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 13 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from August 12 1916, to August 13 1916, that I saw h[illegible] alive on August 12 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cirrosis Duodenum J. Stomach

..... (Duration) ..... yrs. ..... mos. Only ds.

CONTRIBUTORY (Secondary) Abscess of foot

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) M. H. Carmen M. D.

....., 191... (Address) 2016 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Belair Rd. DATE OF BURIAL, Aug. 15..., 1916

20-UNDERTAKER S. Levin & Bro ADDRESS 1107 E. Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97362 C97362

CERTIFICATE OF DEATH.

47

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S. Washington St.; 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline M. Wermuth.

(Residence in Baltimore: No. 421 S. Washington St.; 14 yrs., 9 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. 21st, 1901
(Month) (Day) (Year)

7-AGE, 14 yrs. 9 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child at
(b) General nature of industry, business, or establishment in which employed (or employer): School

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Wermuth.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Flaumer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Wermuth

(Address) 421 S. Washington St.

15- Filed AUG 13 1916, 191. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1916, to Aug. 12 1916, that I saw her alive on Aug 12 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Valvular Cardiac Dis
Chronic Endocarditis
(Duration) 9 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Rheumatism
(Duration) — yrs. 4 mos. ds.

(Signed) F. A. O'Brien M. D.
Aug 12, 1916. (Address) 125 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Aug 15 1916
20-UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97363 97363

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 N. Luzerne ave ST.) (6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. E. Long

(Residence in Baltimore: No. 429 N Luzerne Ave St.; 65 yrs. 2 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May 13 (Month) (Day) 1851 (Year)

7-AGE, 65 yrs. 2 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Keeper

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Reitz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alphonse J. Long

(Address) 532 S. Lakewood ave

15- AUG 13 1916 HARRY O. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 10th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 1 1916, to Aug 10 1916, that I saw h.. alive on Aug 10 1916, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Leg

Malignant Growth

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) yrs. mos. 1 ds.

(Signed) E. H. Hayward M. D.

Aug 11, 1916 (Address) 838 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer

DATE OF BURIAL, Aug 14, 1916

20-UNDERTAKER Lilly Jailer

ADDRESS 4032 Wabash

Spec.—8-24-14—M. & T.—2000 Blks.

C97364 C97364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospt St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fitzhugh Lee Sterne

(Residence in Baltimore: No. Md General Hospital St.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, July (Month) 2 (Day), 1866 (Year)

7-AGE, 50 yrs. 1 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Minister
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Robert Sterne

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Rosabell Jennings

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Dalla B. Sterne

(Address) Louisdoune Md.

15-AUG 19 1916

Filed ....., 191..... HARRY [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1916, to Aug 12, 1916, that I saw h[illegible] alive on Aug 12 1916, and that death occurred, on the date stated above, at 2 A, m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Myocarditis

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) yrs. mos. 1 ds.

(Signed) Edward Stevenson M. D.

8-17-, 1916 (Address) Md General Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State 15 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Louisdoune Md.

19-PLACE OF BURIAL OR REMOVAL, Charlestown W. Va — DATE OF BURIAL, Aug. 14, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E 5th

OK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97365 C97365 104

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S. Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothea M. Moerschel.

(Residence in Baltimore: No. 511 S. Robinson St. St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. (Month) 25th (Day), 1915 (Year)

7-AGE, ... yrs. 7 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, William Moerschel.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City.

12-MAIDEN NAME OF MOTHER Caroline Herman.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Moerschel.

(Address) 511 S. Robinson St.

15-

Filed AUG 13 1916, 191.....

HARRY P. ANDREWS
BUREAU PUBLIC HEALTH

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 12th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to Aug 11 1916, that I saw h.. alive on Aug 11 1916, and that death occurred, on the date stated above, at 12.55 m.

The CAUSE OF DEATH* was as follows:

6
Cerebritus
(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. K. Smalley M. D.

Aug 13, 1916 (Address) 2958 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Aug 13, 1916

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97366 C97366

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 N. Bradford ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances L. Gores

(Residence in Baltimore: No. 910 N Bradford St.; 20 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
20 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Faber

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Bores

(Address) 910 N. Bradford St.

15-

AUG 13 1916

Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 12, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Aug 1, 1916, to Aug 12 1916 that I saw h[er] alive on Aug 12 191, and that death occurred, on the date stated above, at 5.10 P m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. ds.

(Signed) W. H. Reamy M. D.

Aug 13 1916 (Address) 2008 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug 14 1916

20-UNDERTAKER	ADDRESS
Frank E. Carr & Son	1714 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Fredenick.

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug. 11, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Louis Henry Fredenick

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Peterson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Fredenick

(Address) 341 S. Dulaney St.

15-

Filed AUG 13 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1916, to Aug 12 1916, that I saw her alive on Aug 12 1916, and that death occurred, on the date stated above, at 3.30 P.m.

The CAUSE OF DEATH* was as follows:

(a) Premature Birth

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Kleczy M. D.

8/13, 191.6. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL Mt Carmel — DATE OF BURIAL, Aug 13 1916

20-UNDERTAKER Philip Henry — ADDRESS 2016 Orleans St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97368

Spec.—8-24-14—M. & T.—2000 Bks.

C97368

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97368

CERTIFICATE OF DEATH.

+45

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hall

(Residence in Baltimore: No. Johns Hopkins Hospital S. 65 yrs. — mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 28 (Day), 1851 (Year)

7-AGE, 65 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Conn

PARENTS.

10-NAME OF FATHER, Luther Hale

11-BIRTHPLACE OF FATHER (State or Country), Ct

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Conn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E M Brady

(Address) Johns Hopkins Hospital

15- Filed AUG 13 1916, 191.. HARRY C ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH August (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 2 1916, to August 12 1916, that I saw h[illegible] alive on August 12 1916, and that death occurred, on the date stated above, at 2 30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate with Hypostatic Pneumonia

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Prostate (Duration) yrs. 10 mos. ds.

(Signed) J. Edward Burns M. D.

Aug 12 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. 10 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 9 Rosemary Ave Balto Co Md

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem DATE OF BURIAL, Aug 15, 1916

20-UNDERTAKER Rolf T Turner ADDRESS 1644 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C97369 C97369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 W Lombard ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bldas Izuka

(Residence in Baltimore: No. 610 W. Lombard St.; ..... yrs., 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 20 (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Simon Izuka

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ellen Amonovce

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Emmons

(Address) 610 W. Lombard

15- AUG 13 1916 HARRY C. ANDREWS Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1916, to August 12 1916, that I saw h[illegible] alive on Aug 11, 1916, and that death occurred, on the date stated above, at 5 P, m.

The CAUSE OF DEATH* was as follows:

Marasmus (Malnutrition)

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Gastr. Enteritis

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) J. M. Dillerett M. D.

Aug 13, 1916 (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug. 14, 1916.
20-UNDERTAKER	ADDRESS
John Gobbiano	600 S Paca

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97370 C97370

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 327 S. Ann ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kazmiera Dabrowska

(Residence in Baltimore: No. 327 S. Ann Str St.: 15 yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 4 (Day), 1901 (Year)

7-AGE, 15 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Dambrowski

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Josefa Potanowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Dambrowski.

(Address) 327 S. Ann.

15-

AUG 13 1916

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1916, to Aug 11 1916, that I saw her alive on Aug 11 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Infant fever

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Valentun M. D.

Aug 11, 1916 (Address) 165 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Aug 14, 1916

20-UNDERTAKER William Fialkowski ADDRESS 1618 Eastern ave.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97371 C97371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Dunham St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora L. Smith

(Residence in Baltimore: No. 11 N. Dunham St.; 1 yr. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 1 (Month) 1878 (Day) (Year)

7-AGE, 38 yrs. 4 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Wife
(b) General nature of industry, business, or establishment in which employed (or employer). Wife

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Walters

11-BIRTHPLACE OF FATHER (State or Country), Eastern Shore

12-MAIDEN NAME OF MOTHER Betty Hasser

13-BIRTHPLACE OF MOTHER (State or Country), South River

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward P. Smith

(Address) 11 N. Dunham

15-

Filed AUG 13 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 9 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Aug 9th 1916, that I saw h[illegible] alive on Aug 9th 1916, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Tuberculosis

(Duration) yrs. 6 mos. 8 ds.

(Signed) S. D. Simmons M. D.

8-13, 1916. (Address) 1404 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn DATE OF BURIAL, Aug 13 1916

20-UNDERTAKER Ralph T. Turner ADDRESS 1447 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105

97372

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 558 Robert ST.: 14 WARD) REGISTERED No. C

2-FULL NAME Sophia Ilona Phillips

(Residence in Baltimore: No. 558 Robert St.; 4 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18,) all life city

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 12, 1895 (Month) (Day) (Year)

7-AGE, 20 yrs. 11 mos. 28 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Richard Henry Reddick

11-BIRTHPLACE OF FATHER (State or Country) Suffolk Co. Va.

12-MAIDEN NAME OF MOTHER Rosa West

13-BIRTHPLACE OF MOTHER (State or Country) Gloucester Co. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Reddick

(Address) 558 Robert St

15-

AUG 13 1916 HENRY C. ANDREWS

Filed ....., 191.... Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1916, to Aug. 10 1916, that I saw her alive on Aug 10 1916, and that death occurred, on the date stated above, at 6.05 p.m.

The CAUSE OF DEATH* was as follows:

(a)

(b) Gastro enteritis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Sub acute bronchitis

(Duration) yrs. 2 mos. ds.

(Signed) William N. Bigby M. D.

Aug. 14, 1916 (Address) 1209 Fremont Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Lion Cemetery — DATE OF BURIAL, Aug. 13, 1916

20-UNDERTAKER George St. Holland — ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97373 C97373

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Halbrook ST.; 9 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Scully

(Residence in Baltimore: No. 1433 Halbrook St.; 35 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Don't know (Month) ..... (Day), 1853 (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Scully

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Elizabeth

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Scully

(Address) 1433 Holbrook St.

15- AUG 13 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 12 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 29 191..., to Aug 12 1916, that I saw her alive on Aug 11 1916, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Uremia

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY. (Secondary) Cardiac Dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. J. Hampton M. D.

Aug 12, 1916 (Address) 1216 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Aug 14, 1916.

20-UNDERTAKER Chas. P. Conrad & Son ADDRESS 1811 N. Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97374 C97374

CERTIFICATE OF DEATH.

81

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leslie D. Thomas

(Residence in Baltimore: No. 1515 W. North Ave. St.; 51 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.) Married

6-DATE OF BIRTH, Oct. 11, 1845
(Month) (Day) (Year)

7-AGE, 70 yrs. 10 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....m.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Robt. L. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah Quesley

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leon Thomas

(Address) 1515 W. North Ave.

15- Filed AUG 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1916, to Aug 11 1916, that I saw him alive on Aug 9 1916, and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Cancer Colon - Metastasis

Liver

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 1 yrs. 6 mos. ds.

(Signed) Richard H. Smith M. D.

Aug 11, 1916 (Address) 1515 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State 51 yrs. mos. ds.

Where was disease contracted, if not at place of death? 25 St. North Ave

Former or usual residence 1515 W. North Ave.

19-PLACE OF BURIAL OR REMOVAL St Pauls Church Kent Co Md

DATE OF BURIAL, Aug 14, 1916

20-UNDERTAKER Chas G. Black

ADDRESS 1201 W. Mulberry St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97375 — 104 — C97375

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1359 Whatcoat st ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Talbot.

(Residence in Baltimore: No. 1359 Whatcoat St.; ..... yrs., 7 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Jan (Month) 10th (Day) 1916 (Year)

7-AGE, ... yrs. 7 mos. 3 ds.

If LESS than 1 day, ... hrs. X or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, John Holland

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Narcis Talbot

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Narcis Talbot

(Address) 1359 Whatcoat st

15- AUG 14 1916

Filed ....., 191.... HENRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9th 1916, to Aug 13 1916, that I saw h-e alive on Aug 11th 1916; and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry T. Brown, M. D.

Aug 13, 1916 (Address) 15 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Aug 14, 1916

20-UNDERTAKER James H Dennis — ADDRESS 803 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97376 — C97376

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97376 92 C97376

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Erskeen

(Residence in Baltimore: No. 918 Rutland Avenue St.; 10 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 1 (Month) (Day) (Year)

7-AGE, 23 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Longshoreman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Wm Erskeen

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C J Smith

(Address) Johns Hopkins Hospital

15- AUG 14 1916 Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 12 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 8 1916, to August 12 1916, that I saw h in alive on August 12 1916, and that death occurred, on the date stated above, at 1 4p m.

The CAUSE OF DEATH* was as follows:

Chronic Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Toxaemia

(Duration) yrs. mos. ds.

(Signed) Arthur Broomfield M. D.

Aug 12, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 918 Rutland Avenue

19-PLACE OF BURIAL OR REMOVAL, West Maryland Ring Sail Way

DATE OF BURIAL, Aug 14., 1916

20-UNDERTAKER C. Charles B Jones

ADDRESS 235 N Pine St

Spec.—5-19-13—M. & T.—500 Bks.

C97377 C97377

HEALTH DEPARTMENT—CITY OF BALTIMORE

63

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Greenwillow ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Reed

(Residence in Baltimore: No. 619 Greenwillow St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1 (Year)

7-AGE, 2 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, William Reed

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Catherine Waters

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Reed

(Address) 619 Greenwillow

15-

Filed AUG 14 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 10 1916, to Aug 13 1916, that I saw h~~im~~ alive on Aug 13 1916, and that death occurred, on the date stated above, at 11 45 a.m.

The CAUSE OF DEATH* was as follows:

Anterior Poliomyelitis

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. G. Stiefel M. D.

Aug 13, 1916 (Address) 206 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, mount zion Cemetery

DATE OF BURIAL, aught 14, 1916

20-UNDERTAKER John H Toadvine

ADDRESS 142 Uhler St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97378 — 79 — C97378

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE: (No. 803 Elder Alley ST.: ..... 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Fountain

(Residence in Baltimore: No. 803 Elder Alley St.: 21 yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 3, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Md Maryland

PARENTS.

10-NAME OF FATHER, Samuel Fountain

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Della Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Phillips

(Address) 826 Druid Hill Ave

15- AUG 14 1916 Filed ....., 191.. HARRY C. ARCHER Burial Permit Clerk ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to Aug 10 1916, that I saw h[illegible] alive on Aug 10 1916, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Acute Renal uremia
Chronic Mitral
Regurgitation
(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Progressive Motor Paralysis (Duration) ..... yrs. 1 2 mos. ..... ds.

(Signed) Edward Stott M. D.

Aug 12, 1916 (Address) 826 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, August 14 1916.

20-UNDERTAKER John H Todrin — ADDRESS 142 W Hill St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97379 C97379

CERTIFICATE OF DEATH.

36

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1927 E. Fairmount Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen E. Smith

(Residence in Baltimore: No. 1927 E. Fairmount Ave St.; .....yrs., ...mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 15 (Month) (Day), 1916 (Year)

7-AGE, = = 29 .....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John W. Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Miller

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Smith

(Address) 1927 E. Fairmount Ave

15- AUG 14 1916 HARRY C. ANGELL

Filed....., 191..... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 13/ 16 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1916, to Aug 13 1916, that I saw h.. alive on Aug 12 1916, and that death occurred, on the date stated above, at 5, A m.

The CAUSE OF DEATH* was as follows:

Intestinal Rickets

(Duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. 1 ds.

(Signed) Jno C. Slades M. D.

8/13/16 (Address) 143 No. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Louden Park Cemetery	Aug. 14/, 16...
20-UNDERTAKER	ADDRESS
Christian Miller 2334	E. Jefferson

15

C97380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97380

78

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1629 Pearce ST.: 19 WARD)

2-FULL NAME Louise Thomas

(Residence in Baltimore: No. 1629 Pearce St. 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, not known, 1 (Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Cole

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Thomas

(Address) 1629 Pearce St

15- Filed AUG 14 1916, 191... HENRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of heart (Duration) yrs. mos. ds.

(Signed) James M. Fenlon M. D. (Coroner.)

Aug 13, 1916. (Address) 702 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Old Town	Aug. 15, 1916
20-UNDERTAKER Wilbert Bros.	ADDRESS 306 N. Mount St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97381 C97381

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 S Carey ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor R. Sagle

(Residence in Baltimore: No. 35 S Carey St.; 80 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 29 (Day) 1836 (Year)

7-AGE, 80 yrs. 0 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Galesville A.A. Co Md

PARENTS.

10-NAME OF FATHER, — Lane

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Eleanor R. Lane

13-BIRTHPLACE OF MOTHER (State or Country), Galesville A.A. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. F. Mayer

(Address) 35 S. Carey St.

15-

Filed AUG 14 1916 191.....

HARRY C. ANDREWS
DEPUTY Female Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1914 191..., to Aug 11th 1916, that I saw her alive on Aug 11th 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Duration) 10 yrs. 7 mos. ....ds.

(Signed) J. D. Lightner M. D.

8.12....., 1916. (Address) 711 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Aug 13., 1916

20-UNDERTAKER Robt Brooks & Son — ADDRESS 11. S. Calhoun

Spec.—8-24-14—M. & T.—2000 Bks.

C97382

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C97382

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2209 Orleans St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Carter Jr

(Residence in Baltimore: No. 2209 Orleans St. St.; ....yrs,....mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 29, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William B. Carter

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bertha Mooney

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William B. Carter

(Address) 2209 Orleans St

15-

Filed AUG 14 1916 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 9 1916, to Aug. 13 1916, that I saw him alive on Aug. 31 1916, and that death occurred, on the date stated above, at 2.45 p m.

The CAUSE OF DEATH* was as follows:

Enteritis

.... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

.... (Duration) ....yrs. ....mos. 1 ds.

(Signed) Adolph G. Eisenberg M. D.

Aug. 13, 1916 (Address) 2701 E. Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug. 14 1916

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97383

CERTIFICATE OF DEATH.

79

C97383

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 N. Broadway St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Roycroft

(Residence in Baltimore: No. 1017 N. B'way St.; 68 yrs., 5 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 15, 1848 (Month) (Day) (Year)

7-AGE, 68 yrs. 5 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John M. Deal

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Roycroft

(Address) 1017 N. B'way

15-

AUG 14 1916

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1916, to Augt 12 1916, that I saw h.r alive on aug 12 1916, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Myocarditis

2 15

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cause Unknown

(Duration) yrs. mos. ds.

(Signed) Ernest E Hillman M. D.

Aug 13, 191 6 (Address) 1112 E Oliver St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loraine Cem

DATE OF BURIAL, Aug 15 1916

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

C97384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C97384

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 South Caroline ST.; 3 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert J. Weis

(Residence in Baltimore: No. 911 South Caroline St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 16, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 11 mos. 28 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, John J. Weise

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Emma Crane

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Weis

(Address) 911 S. Caroline

15-

AUG 14 1916

Filed ....., 191.... HARRY C. ANDREWS
DEPUTY REGISTER OF WILLS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1915, to August 12 1916, that I saw h.. alive on August 12 1916, and that death occurred, on the date stated above, at 7.15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hemorrhage

(Duration) yrs. 2 mos. ds.

(Signed) Wm A Bullock M. D.

8-13, 1916 (Address) 1621 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug. 16, 1916

20-UNDERTAKER William Cook — ADDRESS 582 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186

REGISTERED NO. C .....

PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Wocky Yovchuck.

(Residence in Baltimore: No. 650 W. Lombard St. St.? yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 30 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Car builder
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University of Md. Records

(Address) " " "

15-

Filed ....., 191.....

HARRY C. ANDREWS
AUG 14 1916
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of 1st & 2d Lumbar Vertebral
caused by Car roof falling on him
(Accidental) (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Septicemia & Nephritis
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Driscoll M. D.
(Coroner.)
Aug 13 1916. (Address) 312 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 8 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? B. & O. R. R. Shops

Former or usual residence 650 W. Lombard St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus	August 15 1916.
20-UNDERTAKER	ADDRESS
John Grebliauckas	500 S. Paca Street

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mayer

(Residence in Baltimore: No. Little Sisters of the Poor St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Wid.

6-DATE OF BIRTH: May 25, 1851 (Month) (Day) (Year)

7-AGE: 65 yrs. 2 mos. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John B. Mayer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Walburge Mayer

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15-

AUG 14 1916

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 13th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1916, to 1916,

that I saw h[im] alive on Aug 6 1916,

and that death occurred, on the date stated above, at 23° a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

2 weeks (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. A. Warner M. D.

Aug 13 1916. (Address) 1148 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yr. 6 mos. ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, Aug 14, 1916

20-UNDERTAKER, H. C. Rudefeld ADDRESS 44 Greenmount Ave

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97387 89 C97387

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N Madeira St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Briscoe

(Residence in Baltimore: No. 523 N Madeira St St.; 18 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 11 (Day), 1885 (Year)

7-AGE, 31 yrs. 5 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William H. Briscoe

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Priscilla Frazier

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Smith

(Address) 523 N. Madeira St.

15- AUG 14 1916 Filed ....., 191.... EMMET C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-5- 191 6, to 8-12- 191 6, that I saw h[illegible] alive on 11-[illegible] 191 6, and that death occurred, on the date stated above, at 6[illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration 1 week

CONTRIBUTORY (Secondary) Pulmonary Edema

Duration 1 week

(Signed) Chas. Field Rode M. D.

1916, (Address) 1520 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Millers Wharf St. Mary's Co. Md.

DATE OF BURIAL, Aug 14, 1916

20-UNDERTAKER, Geo. H. Holland

ADDRESS 547 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97388 113 C97388

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 E North Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert A. Braden

(Residence in Baltimore: No. 2326 E North Ave St.; Life yrs. .. mos. .. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 21 (Day), 1846 (Year)

7-AGE, 70 yrs. 2 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Moulder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Braden

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Cath. Debaugh

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha E. Braden

(Address) 2326 E. North Ave

15-

Filed AUG 14 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 1916, to Aug 12 1916, that I saw him alive on Aug 12 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Heart Cirrhosis of Liver

(Duration) 2 yrs. .. mos. .. ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(Duration) unknown yrs. .. mos. .. ds.

(Signed) C. P. Kerzo M.D.

Aug 13, 1916. (Address) 1385 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill Cem

DATE OF BURIAL, Aug 14, 1916.

20-UNDERTAKER C. LeRoy Stiffler

ADDRESS 844 W 36th St

HARRY D. ANDREWS
BURIAL PERMIT CLERK

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97389 138 C97389

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. University Hospital ST. Mat. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephene Mack

(Residence in Baltimore: No. 2226 Division St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1897 (Year)

7-AGE, 19 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Charles Co Md

PARENTS.

10-NAME OF FATHER, Thomas Mack

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Josephine Gray

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Mack

(Address) 1348 Stockton

15-

Filed AUG 14 1916, 191 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-22 1916, to 8-11 1916, that I saw her alive on Aug. 11 1916, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Eclampsia (Puerperal)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Wolff M. D.

Aug 13, 1916. (Address) University Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2226 Division St.

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Aug 14, 1916.

20-UNDERTAKER James F. Dunn — ADDRESS 303 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 lks.

C97390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C97390

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 534 Greenmillow St ST.; 17 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Russell Bowser

(Residence in Baltimore: No. 534 Greenmillow St.; ..... yrs., 8 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) ..... (Day) 1915 (Year)

7-AGE, ... yrs. 1 mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Robt. Bowser

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Augusta E. Bowser

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Augusta Bowser

(Address) ..... 534 Greenmillow St

15- AUG 14 1916 Filed ....., 191.. HARRY C. ANDREWS ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... Aug (Month) 13 (Day) ....., 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1916, to Aug 13 1916, that I saw him alive on Aug 13 1916, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion Heat

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel A. Dain M. D.

Aug 14, 1916 (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Aug 15 1916

20-UNDERTAKER Jno. C. Brantley — ADDRESS 518 N. Eutaw St

Spec.—5-19-13—M. & T.—500 Bks.

C97391

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97391

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 McElderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Deborah Edwards

(Residence in Baltimore: No. 1619 McElderry St St.: 4/12 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Unknown ....., 1874
(Month) (Day) (Year)

7-AGE, 42 yrs..... mos..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Elizah Pratt

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Fannie Young

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Edwards

(Address) 1619 McElderry St

15- AUG 14 1916

Filed....., 191.....

HARRY F. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1 Aug 1916, to 12 Aug 1916, that I saw h[illegible] alive on 12 Aug 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (?)

..... (Duration)....yrs.....mos....12....ds.

CONTRIBUTORY..... (Secondary)

..... (Duration)....yrs....mos.....ds.

(Signed) [illegible] M. D.

1318 E. Pratt, 1916, (Address) 1332 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem — DATE OF BURIAL, Aug 14, 1916

20-UNDERTAKER Samuel L. Hendrey — ADDRESS 5 E. Baltimore St.

Spec.—5-19-13—M. & T.—500 Bks.

C97392

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

C97392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 97392

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S Stricker ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Keys

(Residence in Baltimore: No. 220 S Stricker St.: yrs.. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug (Month) 12 (Day), 1916 (Year)

7-AGE, ..yrs..mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, of particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Keys

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Mildred Long

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Keys

(Address) 220 S Stricker st

15- Filed AUG 14 1916, 191.. ROBERT E. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12 1916, to Aug 13 1916, that I saw him alive on Aug 13 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Premature birth

7 months Gestation

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) Atelectasis

(Duration) ...yrs...mos...ds.

(Signed) Joseph E. Muse M. D.

Aug 14, 1916, (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Aug 14 1916

20-UNDERTAKER A. Jones — ADDRESS 207 S. Stricker St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97393 C97393

CERTIFICATE OF DEATH.

135

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3816 Elm Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara F. Kelley

(Residence in Baltimore: No. 3816 Elm Ave. St.; 30 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: July 19, 1886 (Month) (Day) (Year)

7-AGE: 30 yrs. ... mos. 25 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Harry C. Butler

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Arabella Hamilton

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John O. Kelley

(Address) 3816 Elm Ave

15- AUG 14 1916 Filed....., 191.... ROBERT N. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12 1916, to Aug 13 1916, that I saw h[illegible] alive on Aug 13 1916, and that death occurred, on the date stated above, at 2 10 A.M.

The CAUSE OF DEATH* was as follows:

[illegible] Pneumonia

[illegible] (Duration) ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry C. Myers M. D.

Aug 13, 1916 (Address) 1564 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary's Hampden — DATE OF BURIAL, Aug 15, 1916

20-UNDERTAKER: Horace Burgee & Son — ADDRESS 363 Falls Road

C97394 C97394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Frank Mitchell

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Rhum Protestant Infirm ST. 14 WARD) REGISTERED No. C 17 K

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Frank Mitchell

(Residence in Baltimore: No. Not known St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Not known

6-DATE OF BIRTH, Not known, 1 (Month) (Day) (Year)

7-AGE About 56 yrs ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Gardener
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Not known

PARENTS.

10-NAME OF FATHER, Not-known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lee D Dabney

(Address) Towson

15- AUG 14 1916 Filed ..... 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Contributory Senility

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exposure from

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

Aug 10, 1916. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 4 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY

DATE OF BURIAL, Aug 14, 19....

20-UNDERTAKER

ADDRESS

Commissioner of Health.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97395 C97395

B 92

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Rubick

(Residence in Baltimore: No. 730 N. Bond St. St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month), (Day), 1871 (Year)

7-AGE, ~~45~~ 44 yrs. ~~6~~ mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tinsmith
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E. Balto

15- Filed AUG 14 1916, 191 ROBERT P. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 12 1916, to Aug 14 1916, that I saw h in alive on Aug 14, 1916, and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. ds.

(Signed) M. Raskin M. D.

Aug 14, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 4 yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 730 N. Bond St

19-PLACE OF BURIAL OR REMOVAL Hebrew Washington Blvd. DATE OF BURIAL. Aug 16, 1916

20-UNDERTAKER Jack Lewis ADDRESS 1411 E. Balto

THIS IS TO AUTHORIZE The Health Department of Baltimore City to change from forty-five years and five months to forty-two years of age of Joseph Rudick, who died August 14th, 1916, same was misinformed by the son of that person.

This is upon authority of the wife of the late Joseph Rudick.

M. Raskin

STATE OF MARYLAND)
CITY OF BALTIMORE) SS:

I hereby certify that on this 18th day of August, 1916, before me, the subscriber, a Notary Public of the State of Maryland, in and for the City of Baltimore aforesaid, personally appeared Dr. M. Raskin, and he made oath in due form of law that the matters and facts set forth in the aforegoing statement are true and bona fide as therein set forth.

As witness my hand and Notarial Seal.

Edward Levin
Notary Public.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97395 C97396

CERTIFICATE OF DEATH.

37

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 Poplar Grove St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Gray Ellerbrook

(Residence in Baltimore: No. 500 Poplar Grove St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 27, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 18 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore, Md.

PARENTS.

10-NAME OF FATHER, August Ellerbrook

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Marie Gray

13-BIRTHPLACE OF MOTHER (State or Country), Toledo Kansas

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. August Ellerbrook

(Address) 500 Poplar Grove st

15- AUG 14 1916 ROBERT R. KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 27 1916 to Aug 13 1916, that I saw h[illegible] alive on Aug 13 1916, and that death occurred, on the date stated above, at 2 [illegible] m.

The CAUSE OF DEATH* was as follows:

Hereditary Tuest

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Frank N. Hellis M. D.

Aug 14, 191[illegible] (Address) 1901 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Aug. 15, 1916.

20-UNDERTAKER Tom Tosh

ADDRESS 502 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C97397 — 28 — C97397

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1362 Calhoun ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Hack

(Residence in Baltimore: No. 1362 Calhoun St.; Life Time yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 21 (Month) (Day), 1900 (Year)

7-AGE, 16 yrs. 5 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Benjamin Hack

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Carr

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hack

(Address) 1362 Calhoun St

15- AUG 14 1916 ROBERT R. KRAUTER Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8/5 1916, to 8/12 1916, that I saw her alive on 8/11 1916, and that death occurred, on the date stated above, at 5-20 a.m.

The CAUSE OF DEATH* was as followa:

Phthisis Pulmonalis

(Duration) yrs. 1 mos. 1/2 ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) yrs. mos. 1 ds.

(Signed) B. Lee Watts M. D.

8/14, 191.6 (Address) 213 N Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
MD Auburn	Aug 15, 191 6
20-UNDERTAKER James H Timms	ADDRESS 1303 Preston

Hilda E. Weems

Hilda E. Weems

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 97398 168 97398

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 544 Gold ST.: 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda E. Weems

(Residence in Baltimore: No. 544 Gold St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col.	Single

6-DATE OF BIRTH, June (Month) 6 (Day), 1 (Year)

7-AGE, ...yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Augustus R. Weems

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Mollenus

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 544 Gold St

15- AUG 14 1916 Filed....., 191.... ROBERT M. KNAUER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 13, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental death Drowning by falling with pedestrian Struck by Motor Car

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Not known

(Duration) yrs. mos. ds.

(Signed) J. Wellington M. D. (Coroner.)

Aug-13, 1916. (Address) 519 Reed

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State None yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Aug 15, 1916
20-UNDERTAKER James F. Dennis	ADDRESS 1303 Pennsylvania Ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

B C97399 — 104 — C97399

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 4103 Ridgewood ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth G. Isaac

(Residence in Baltimore: No. 4103 Ridgewood ave St.; 1 yrs. 4 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct (Month) 11 (Day), 1914 (Year)

7-AGE: 1 yrs. 10 mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Samuel H. Isaac

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Catherine Monier

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs Monier

(Address): 4103 Ridgewood ave

15- Filed AUG 14 1916, 191.....

ROBERT R. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 23, 1916, to, Aug 13 1916, that I saw her alive on Aug 13 1916, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Acute gastro enteric infection

(Duration) About 10 hrs yrs mos ds.

Contributory (SECONDARY) Gastro-enteric indigestion and Colitis

(Duration) yrs mos 4 ds.

(Signed) Bernard J Grunert M. D.

Aug 14 191.. [Address] 1707 Hanover ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Aug 14 191..

20-UNDERTAKER: John G. Fields

ADDRESS: 1203 Eastwood ave

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97100 C97100

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 Bayard St. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estella Bine Harman

(Residence in Baltimore: No. 1219 Bayard St. St.; 1 yrs. 4 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Sgle

6-DATE OF BIRTH, April 12, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo. Harman

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Lulu LeBon

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Harman

(Address) 1219 Bayard St

15- Filed AUG 14 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 7 1916, to August 12 1916, that I saw h[illegible] alive on Aug 12 1916, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) 1 yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Grat

(Duration) yrs. 6 mos. ds.

(Signed) [illegible] M. D.

August 13, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Aug 14, 191..
20-UNDERTAKER	**ADDRESS**
Wm. G. Fuhrman	Fountain &

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97401 102 C97401

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hos. ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Taylor.

(Residence in Baltimore: No.) 2300 W Baltimore St. (45 yrs., 8 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

6-DATE OF BIRTH: Nov. (Month) 18th. (Day), 1870 (Year)

7-AGE: 45 yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Wm H Taylor

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Mary Granger

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Minnie Taylor

(Address) 2300 W Baltimore

15- AUG 14 1916 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: August 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9, 1916, to Aug 12 1916, that I saw h.im alive on Aug 12 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Multiple Gastric Ulcers

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Surgical Shock.

(Duration) yrs. mos. 3 ds.

(Signed) Geo. A. Guy M. D.

Aug. 12, 1916 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 2300 W Baltimore

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery DATE OF BURIAL, AUG 15 1916

20-UNDERTAKER Geo. A. Gerber ADDRESS Balto & Payson Sts.

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97402 64 C97402

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Jefferson ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Hicks

(Residence in Baltimore: No. 1216 Jefferson St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, June (Month) 6 (Day), 1895 (Year)

7-AGE, 21 yrs. 7 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, James Hicks

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Della Davis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elza Hicks

(Address) 1216 Jefferson St

15- Filed AUG 14 1916, 191.... ROBERT E. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1916, to Aug 13 1916, that I saw h[illegible] alive on Aug 12 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Epilepsy

Years (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Apoplexy

Two days (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Edward Fisher M. D.

Aug 14, 1916 (Address) 1613 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ashley Cemetery	Aug 15, 1916
20-UNDERTAKER Chas G Bailey	ADDRESS Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

97403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 97403

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Fleet ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margrith Mamms

(Residence in Baltimore: No. 2106 Fleet St.; ....yrs. 4 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, October 6, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Mamms

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Martha Hammen

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Mamms

(Address) 2106 Fleet St

15- AUG 14 1916 ROBERT A. KRAUTER Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH, August 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12 1916, to Aug 13 1916, that I saw h[illegible] alive on Aug 12 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Colitis Infantum

(Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary).....

(Duration)....yrs....mos....ds.

(Signed) J. H. Carlin M. D.

Aug. 14., 1916. (Address) 164 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, August 16, 1916

20-UNDERTAKER Kendall Dyffel & Son — ADDRESS 378 Lemmon St

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C97404 C97404

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1130 N Gilmor ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Griffith

(Residence in Baltimore: No. 1130 N Gilmor St; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct (Month) 4 (Day), 1844 (Year)

7-AGE: 71 yrs. 10 mos. 8 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Dr Julius Hall

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Jane Contee Kent

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt C Griffith

(Address) 113 N Edmondson

15- AUG 15 1916 HARRY C. ANDREWS Burial Permit Clerk

Filed ....., 191 ..... REGISTRAR

J o Deaver

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 12th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9th, 1916, to, Aug 12 1916, that I saw h[illegible] alive on Aug 11 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs One mos. 3 ds.

Contributory (SECONDARY) Cerebral atheroma

(Duration) yrs ..... mos. One ds.

(Signed) Jno A Blake M. D.

Aug 14 1916 [Address] 1014 W Lafayette Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 14 1916

20-UNDERTAKER: H Rehn & Son — ADDRESS: Norman

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97405

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C97405

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2500 ½ E. Federal ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lumsden

(Residence in Baltimore: No 2500 ½ E. Federal St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 29th (Day), 1854 (Year)

7-AGE, 62 yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Restaurateur
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 2 years

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Robert Lumsden

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Annie Laughlin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Lumsden

(Address) 2500 ½ E. Federal St

15-

Filed AUG 15 1916 HARRY P. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 13th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June, 1914, to Aug. 13th 1916, that I saw h[illegible] alive on August 12 1916, and that death occurred, on the date stated above, at 3.25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Exhaustion

(Duration) yrs. mos. 3 ds.

(Signed) J. S. Gilmore M. D.

Aug 13, 1916. (Address) 1500 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug. 14th, 1916

20-UNDERTAKER H. Sander Sons

ADDRESS 1210 East St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97406 C97406

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Van Lill St.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Fahrman

(Residence in Baltimore: No. 703 Van Lill St.; 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct. 29, 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. 9 mos. 14 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Zehner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Fahrman

(Address) 703 Van Lill st

15-

Filed AUG 15 1916, 191.

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 13th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1916, to Aug. 12th 1916, that I saw her alive on Aug. 12 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry B. Athey M. D.

8/14, 1916. (Address) 700 N. Patt. Pk. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem.

DATE OF BURIAL, Aug. 16th, 1916.

20-UNDERTAKER H. Sander Sons

ADDRESS 1710 Fleet st

C97407 C97407

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1112 Riverview St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Thomas

(Residence in Baltimore: No. 1112 Riverview St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug 8 (Month) (Day) 1858 (Year)

7-AGE: 58 yrs. mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Barmaster
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Richard Thomas

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Ellen R. Hennessy

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E Thomas

(Address) 1112 Riverview St

15-

AUG 15 1916

Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk

REGISTRAR

South 910 Light St.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7, 1916, to, Aug 13 1916, that I saw h.... alive on Aug 13 1916, and that death occurred, on the date stated above, at 5-45 A. m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

..... (Duration) yrs 3 mos ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos ..... ds.

(Signed) J. Edward Smith M. D.

Aug 15 1916. [Address] 910 Light St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Aug 16 1916

20-UNDERTAKER: Wm Tidman & Son ADDRESS: Monument

TION is very important. See instructions on back of certificate.

C97408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

REGISTERED NO. C 97408

(PLACE OF DEATH

CITY OF BALTIMORE (No. 805 Sarah Ann ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Loy

(Residence in Baltimore: No. 805 Sarah Ann St.; yrs., mos. ds.)

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored	Single

6-DATE OF BIRTH, August 10, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 1 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work....
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frank Roy.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Nate Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Nate Roy

(Address) 805 Sarah Ann St

15- Filed AUG 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Albert L. Druscall M. D.
(Coroner)
Aug 14, 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, Aug 12 1916
20-UNDERTAKER	ADDRESS

COLLEGE OF P. & S.

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97409 C97409

CERTIFICATE OF DEATH.

B 15 28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Appleton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Gaufer

(Residence in Baltimore: No. 1709 Appleton st St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December (Month) 25th (Day), 1863 (Year)

7-AGE, 52 yrs. 7 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work... Supt of Life
(b) General nature of industry, business, or establishment in which employed (or employer)... Insurance

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Gaufer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Katherine Ehrnett

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Gaufer

(Address) 1709 Appleton St.

15- Filed AUG 15 1916, 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to aug 13 1916, that I saw h alive on aug 13 1916, and that death occurred, on the date stated above, at 4 40 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma
Intestines

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

, 191... (Address) 2[illegible] [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, aug 16, 1916

20-UNDERTAKER Josiah Seyer — ADDRESS 1600 N North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97410 C97410

CERTIFICATE OF DEATH.

130

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 W Lexington St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C Slater

(Residence in Baltimore: No. 746 W Lexington St.; 31 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Widow

6-DATE OF BIRTH, Jan 13th (Month) (Day), 1841 (Year)

7-AGE, 75 yrs. 7 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ernst Emmermann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Louisa Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Vogt

(Address) 746 W Lexington st

15-

Filed AUG 15 1916 191... HARRY G. ANDREWS Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Aug 15 1916, that I saw h— alive on Aug 13 1916, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(Duration) ... yrs. ... mos. 2 ds.

(Signed) Geo Hummel M. D.

Aug 16, 1916. (Address) 80 N Harlem

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls Cemetary

DATE OF BURIAL, Aug 15, 1916

20-UNDERTAKER Louis Heemann

ADDRESS 32 So Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 97411 114 B 97411

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Dunker

(Residence in Baltimore: No. 1210 N. Eden St. St.; 49 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. January (Month) 15 (Day), 1865 (Year)

7-AGE. 71 yrs. 6 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). York Pa.

PARENTS.

10-NAME OF FATHER. Christian Rider

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. M. Dunker

(Address) 1210 N. Eden St.

15- AUG 15 1916 ROBT. P. ANDREWS Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. August (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/9 1916, to 8/14 1916, that I saw h[er] alive on Aug 14 1916, and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

Gall Stone

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Post Operative Ileus

Pneumonia (Duration) yrs. 3 mos. ds.

(Signed) Wm R. Johnson M. D.

8/15, 1916. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State 49 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1210 N. Eden St.

Former or usual residence 1210 N. Eden St.

19-PLACE OF BURIAL OR REMOVAL. Loby Redeemer Cemetery DATE OF BURIAL. Aug 17, 191..

20-UNDERTAKER Henry Horch Son ADDRESS 1301 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97412 C97412

CERTIFICATE OF DEATH.

92 REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14. E. Hamburg ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francesco Provenzano

(Residence in Baltimore: No. 14. E. Hamburg St.: 4 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, Jan. 10, 1879 (Month) (Day) (Year)

7-AGE, 37 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer at
(b) General nature of industry, business, or establishment in which employed (or employer): B&O. Rail Road

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, John Provenzano

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agatta Provenzano (Wife)

(Address) 14 E Hamburg st.

15- Filed AUG 15 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 15, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 12 1916, to August 14 1916, that I (saw him) alive on August 14 1916, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

a Acute Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wallace W. White M. D.

Aug 15, 1916. (Address) 1101 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetary — DATE OF BURIAL, Aug. 16., 1916.

20-UNDERTAKER Armstrong-Denny-Co — ADDRESS, 715 L. Slt St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97413

CERTIFICATE OF DEATH.

40 C97413

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 W Mulberry ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Hammond

(Residence in Baltimore: No. 736 W Mulberry St.; ..yrs. 2 mos. ..ds.)

40 yrs in city.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Nov. 30, 1872 (Month) (Day) (Year)

7-AGE, 43 yrs. 8 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Emery Howard

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Scott

(Address) 736 W. Mulberry St.

15-

AUG 15 1916

Filed ....., 191.... MARY C. ANDREWS

Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to Aug 12 1916, that I saw her alive on Aug 11 1916, and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(Duration) ...yrs. 7 mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) William H. Wright M. D.

Aug 13, 1916 (Address) 1209 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Aug. 15., 191.6

20-UNDERTAKER George H. Holland

ADDRESS 517 Robert St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97414

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

C97414

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Clarendon ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Arthur McAuliff.

(Residence in Baltimore: No. 2427 Clarendon St.; ....yrs., 3 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 24 (Day), 1916 (Year)

7-AGE, ...yrs. 3 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas McAuliff

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Downs

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary McAuliff

(Address) 2427 Clarendon St.

15-

Filed....., 191.....

Registrar.

AUG 15 1916

HARRY D. ARGUIMBAU
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to Aug 14 1916, that I saw him alive on Aug 14 1916, and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) 1 mo. 4 mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 3 mos. 21 ds.

(Signed) Robert C. Mitchell M. D.

Aug 14, 1916. (Address) 2500 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, Aug 15, 1916

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Balto St.

C97415

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97415

1 PLACE OF DEATH — REGISTERED No. C 151

CITY OF BALTIMORE (No. 2014 N. Payson St. WARD 15)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Andrew Hipp

(Residence in Baltimore: No. 2014 N. Payson St. St.; yrs. mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Infant.

6 DATE OF BIRTH: July (Month) 30 (Day), 1916 (Year)

7 AGE: yrs. mos. 15 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Andreas Hipp.

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Edith V. Aler.

13 BIRTHPLACE OF MOTHER (State or country): Baltimore.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Father
(Address) 2014 N. Payson.

15 Filed AUG 15 1916, 191 — HARRY C. ANDREWS Registrar
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 14th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1916, to Aug 14, 1916, that I saw him alive on Aug 14th, 1916, and that death occurred, on the date stated above, at 4 30 p.m.
The CAUSE OF DEATH* was as follows:

Malnutrition.
Exhaustion.

(Duration) yrs. mos. 15 ds

Contributory (SECONDARY) since birth.

(Duration) yrs. mos. ds.

(Signed) Walter V Zimmerman M. D.
Aug 14th, 1916 (Address) 1805 W Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. — In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Aug 15, 1916

20 UNDERTAKER: W M J. Tickner & Son — ADDRESS: North & Penna

state CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97416

CERTIFICATE OF DEATH.

C97416

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3341 Wineson Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannah Mary Smith

(Residence in Baltimore: No. 3341 Wineson ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec 1, 1841 (Month) (Day) (Year)

7-AGE, 74 yrs. 8 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo L Murphy

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Galbreath

(Address) 3341 Windsor ave

15. AUG 15 1916 Filed, 191. Registrar.

HARRY C. ANDREWS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 12 1916, to August 14 1916, that I saw her alive on August 12 1916, and that death occurred, on the date stated above, at 6 00 a m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Cerebral apoplexy

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

Insanity (Duration) yrs. mos. ds.

(Signed) M. Annie E. Thomas M. D.

Aug. 15, 191 6. (Address) 3300 W. North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bridgeton Ste. NJ DATE OF BURIAL, Aug. 16, 191 6

20-UNDERTAKER Wm J Tucker & Son ADDRESS Monroe

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97417 104 C97417

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 N. Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris A. Thomas

(Residence in Baltimore: No. 1312 N. Carey St.; 10 yrs., mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 2, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Benjamin H. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Olivia Rogers

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin H. Thomas

(Address) 1312 N. Carey St.

15- AUG 15 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to Aug 14 1916, that I saw him alive on Aug. 14 1916, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Enterolues

(Duration) ....yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. mos. 1 ds.

(Signed) T. E Daughert M. D.

Aug 14, 1916. (Address) 1602 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery DATE OF BURIAL, Aug. 15, 1916.

20-UNDERTAKER Felix B. Pye ADDRESS 102 E. Mulberry St.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97418 28 C97418

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home of the Aged ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugenia F. Miller

(Residence in Baltimore: No. Home of Aged, Fulton & Franklin St.; 66 yrs., 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, July 1, 1848 (Month) (Day) (Year)

7-AGE, 66 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nun
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Washington Sands

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Jane Ferguson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Emma J. Larsen

(Address) M.E. Home Fulton ave

15- Franklin

Filed AUG 15 1916, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 8 1916, to August 13 1916, that I saw h er alive on August 13 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

D
Pulmonary Tuberculosis
About
(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) O. N. Duvall M. D.

Aug. 14, 1916. (Address) 1817 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 5 mos. ds. In the State 66 yrs 1 mos. 13 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Aug. 16, 191.

20-UNDERTAKER Geo J. Smith — ADDRESS 1000 E Fayette St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97419 C97419

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1704 N Spring St. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Brooks

(Residence in Baltimore: No. 1704 N Spring St. St.; ... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 60 years. ... yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Charlotte. N. C.

PARENTS.

10-NAME OF FATHER, Joseph Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Charlotte. N. C.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Charlotte. N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Brooks

(Address) 1704 N. Spring St.

15- AUG 15 1916

Filed ..., 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1915, to August 15 1916, that I saw him alive on August 16 1916, and that death occurred, on the date stated above, at 6.20 a. m.

The CAUSE OF DEATH* was as follows:

Asthma, Bronchial
Bronchitis, Chronic

(Duration) ... yrs. 10 mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis, Chronic

(Duration) ... yrs. 10 mos. 10 ds.

(Signed) Dr. D. W. Kennard M. D.

Aug 15 1916 (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Aug 17, 1916

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97420 C97420

CERTIFICATE OF DEATH.

30

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Januska

(Residence in Baltimore: No. 645 Portland St St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March XX (Month) (Day), 1916 (Year)

7-AGE, ...yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Chas Januska

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Bowyer

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- AUG 15 1916

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 14 1916 to August 15 1916, that I saw h[im] alive on August 15 1916, and that death occurred, on the date stated above, at 11 05 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. Hal. K. Rose M.D.

Aug 15, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 645 Portland St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug 16., 1916.

20-UNDERTAKER John Gebhardt — ADDRESS 500 S Reco

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 (37421)

1-PLACE OF DEATH 308 N. Poppleton REGISTERED NO. C

CITY OF BALTIMORE: (No. ... ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William James Reid

(Residence in Baltimore: No. 308 N. Poppleton St.; 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, May (Month) 29 (Day), 1853 (Year)

7-AGE, 63 yrs. 2 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tinner
(b) General nature of industry, business, or establishment in which employed (or employer). Journey work

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Reid

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Franklin

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William James Reid

(Address) Forest Hill Md

15- AUG 15 1916 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 1916, to aug 14 1916, that I saw h[illegible] alive on aug 14 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cause

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm E Stifler M. D.

8/17, 191.6 (Address) 124 S Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, MOUNT OLIVET. DATE OF BURIAL, AUG 17 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Imprints. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97422 C97422

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Hughes.

(Residence in Baltimore: No. 632 N. Lombard St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 14 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Hughes.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Alice Henson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed AUG 15 1916, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 8/10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8/9 1916, to 8/10 1916, that I saw h-r alive on 8/10 1916, and that death occurred, on the date stated above, at 5 30a m.

The CAUSE OF DEATH* was as follows:

Malnutrition

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. Lee F. Cline M. D.

8/15, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 24 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 632 N. Lombard St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	AUG 1916
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9723 C9723

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Gilmore Ave ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Gillman Jr two

(Residence in Baltimore: No. 727 Gilmore Ave St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Aug (Month) 15 (Day), 1916 (Year)

7-AGE, ...yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or 3 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Laurence Gillman

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ella Burgan

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laurence Gillman

(Address) 727 Gilmore Ave

15-

Filed AUG 15 1916, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 15 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 11 1916, that I saw h[illegible] alive on Aug 11 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Ill. Cerebro Spinal Meningitis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.

8-15, 1916 (Address) 914 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL. Aug 15 1916, 191...

20-UNDERTAKER ADDRESS

Spec.—5-19-13—M. & T.—500 Bks.

C97424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C97424

1-PLACE OF DEATH St Vincents Infant Asylum REGISTERED No. C

CITY OF BALTIMORE: (No. St Vincents Infant Asy St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Smith

(Residence in Baltimore: No. St. Vincents Infant Asylum St.: 1 yrs., 7 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. femal 4-COLOR OR RACE. Wht. 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Sngl

6-DATE OF BIRTH, Dec. (Month) 21 (Day), 1914 (Year)

7-AGE, 1 yrs. 7 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincent Infant Asylum

(Address) 1711 Division St.

15- Filed AUG 15 1916 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1916, to Aug. 14 1916, that I saw h ra alive on Aug 14 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

(a) Gastro-enteritis

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. T. Parks M. D.

191... (Address) 2511 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 7 mos. 2 ds. In the State yrs. 7 mos. 9 ds.

Where was disease contracted, if not at place of death? St Vincent Asylum

Former or usual residence St Vincent Asylum

19-PLACE OF BURIAL OR REMOVAL, Southern Cem DATE OF BURIAL, Aug. 14 1916

20-UNDERTAKER M. Fraley & Sons ADDRESS 606 La Fayette ave.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 097425

CERTIFICATE OF DEATH.

151 097425 097425

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Fell ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Halowicz

(Residence in Baltimore: No. 911 Fell St.: — yrs., — mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August (Month) 10 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Holowicz.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland

12-MAIDEN NAME OF MOTHER Frone Hepora,

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Holowicz

(Address) 911 Fell St.

15- Filed AUG 15 1916 191.... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 13 1916, to Aug. 15 1916, that I saw him alive on Aug 14 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Icteres

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Kehberger M. D.

Aug 15, 1916. (Address) 1709 alice Anne St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St. Stanislaus DATE OF BURIAL, Aug. 16, 1916

20-UNDERTAKER W. J. Sadowski ADDRESS 705 S. Linn

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Victoria Gacewicz

C97426

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C97426

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Thames ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Gacewicz or Gacewicz

(Residence in Baltimore: No. 1637 Thames St.; ....yrs., 8 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 1st, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Anton Gacewicz

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Janina Marchlewska

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Janina Gacewicz

(Address) 1639 Thames St.

15- Filed AUG 15 1916 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1916, to Aug 15 1916, that I saw her alive on Aug 15 1916, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Weinlein M. D.

Aug 15, 1916. (Address) 154 Bentz

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary. DATE OF BURIAL, Aug 16th, 1916.

20-UNDERTAKER M. F. Sadowski. ADDRESS 1405 E. Ann

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97427.

CERTIFICATE OF DEATH.

30 C97427.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Preston Thomas

(Residence in Baltimore: No. 930 Monroe St.; unknown yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	Colored	Single

6-DATE OF BIRTH, ... unknown ....., 1914.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
2 yrs. 4 mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, John Preston Thomas

11-BIRTHPLACE OF FATHER (State or Country), Wash. D.C.

12-MAIDEN NAME OF MOTHER Rebecca Johnson

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Johnson

(Address) 930 Monroe St

15- AUG 15 1916 Filed....., 191... ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug ..... 14 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11, 1916, to Aug 14, 1916, that I saw her alive on Aug 14 1916, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Intercalar Meningitis

..... (Duration) ..... yrs. ..... mos. 3 ... ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Wurgenen M. D.

8-15....., 191.6 (Address) Med Surg Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 930 Monroe St

19-PLACE OF BURIAL OR REMOVAL, Charlestown West Va. DATE OF BURIAL, August 16 1916.

20-UNDERTAKER Felix B- Pyle. ADDRESS 102 E. Mulberry St.

IMPORTANT.—See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97428 HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97428 HEALTH DEPARTMENT—CITY OF BALTIMORE C97428

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3001 Fait Av. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Wielgosz

(Residence in Baltimore: No. 3004 Fait Ave. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug. (Month) 23 (Day), 1891 (Year)

7-AGE, 24 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mory Wapalska

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia Wapalska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Wapalska

(Address) 3026 Fait Ave.

15- Filed AUG 15 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 15 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 24 1916, to Aug. 14 1916, that I saw h[illegible] alive on Aug. 14 1916, and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. History mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Bikley M. D.

8/15, 1916 (Address) 2008 N. Patt. Rd. Ca.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Stanislaus Cem	Aug. 17, 1916.
20-UNDERTAKER	ADDRESS
Stephen J. Kalkowski	1012 Hanover Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97429

104 C97429

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Elliott ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladyslaw Zbozecki

(Residence in Baltimore: No. 2824 Elliott St St.; 1/4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Feb (Month) 14 (Day), 1916 (Year)

7-AGE, yrs. 6 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walter Zbozecki

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Mary Jackowrah

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Zbozecki

(Address) 2824 Elliott St

15- Filed AUG 15 1916, 191.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1916, to Aug 15 1916, that I saw him alive on Aug 14 1916, and that death occurred on the date stated above, at 2300 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. H. B. Sullivan M. D.

Aug 15, 1916 (Address) 303 S. O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Stanislaus Bur

DATE OF BURIAL. Aug 16, 1916

20-UNDERTAKER Stephen J Fialkowski

ADDRESS 1019 Monroe

Aug

(1) Fill out all questions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

James W. Hanson.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97430

CERTIFICATE OF DEATH.

C97430

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 639 Portland ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W. Hanson

(Residence in Baltimore: No. 639 Portland St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct. 3rd, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cloth cutter
(b) General nature of industry, business, or establishment in which employed (or employer) Clothing Manufacturer

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Hanson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bridget Flannigan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Hanson

(Address) 320 S. Clifton ave

15-

Filed AUG 15 1916, 191.....

ROBERT R. KRAUTER
BUREAU OF VITAL STATISTICS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1916, to Aug 14 1916, that I saw h[illegible] alive on Aug 14 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(Duration) ....yrs. 6 mos. ....ds.

(Signed) J. M. Dilcrett M. D.

Aug 15, 1916 (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New. Cathedral.

DATE OF BURIAL, August 17 1916

20-UNDERTAKER Graham. F. Walker.

ADDRESS 723. W. Lafayette. Ave.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97431

CERTIFICATE OF DEATH.

104

REGISTERED NO. C97431

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1148 N Stockton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Cousin

(Residence in Baltimore: No. 1108 N Stockton St. ... yrs., 6 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	colored	single

6-DATE OF BIRTH, Feb. (Month) 13 (Day), 1916 (Year)

7-AGE, ... yrs. 6 mos. 2 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Richard Cousin

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca Galvin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Wilson (mother)

(Address) 1108 N. Stockton Street

15- ROBERT R. KRAUTER

Filed AUG 15 1916 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 15, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 13 1916, to Aug 15 1916, that I saw h m alive on Aug 13 191 6 and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

..., 191... (Address) 700 N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	Aug. 16, 1916.
20-UNDERTAKER George H. Holland	ADDRESS 517 Robert St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97432 | 151 | C97432

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Thiel

(Residence in Baltimore: No. 2109 Fremont Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) 14 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER A W Thiel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elvira Margandt

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A W Thiel

(Address) 2109 Fremont Ave

15- Filed AUG 15 1916 191 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 15 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1916, to Aug 15 1916, that I saw him alive on Aug 15 1916, and that death occurred, on the date stated above, at 8.20 p m.

The CAUSE OF DEATH* was as follows:

Acute Oedema of Lungs

following Asphyxia

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) ✓

(Duration) ....yrs. ....mos. ....ds.

(Signed) William F Braelle M. D.

Aug 15, 1916. (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. 1 ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 2109 Fremont Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Aug 16 1916

20-UNDERTAKER E A Hedefield ADDRESS 2 Fremont Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

697433

CERTIFICATE OF DEATH.

104 697433

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2044 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Henry Wroten

(Residence in Baltimore: No. 2044 E. Fayette St.; ..... yrs., 5 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 13, 1914
(Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, James O. Wroten

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Margie Bl Elvine

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James O. Wroten

(Address) 2044 E. Fayette st

15-

Filed Aug 16', 191 6 RRK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1916, to Aug 16 1916, that I saw h[illegible] alive on Aug 15 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

(a) .....
Enteritis
.....
(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

....., 191... (Address) 2958 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. DATE OF BURIAL. Aug. 16, 1916

20-UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

important. See instructions on back of certificate.

097434 HEALTH DEPARTMENT—CITY OF BALTIMORE 097434

CERTIFICATE OF DEATH. 176x

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley Brickhouse

(Residence in Baltimore: No. Corbin Mrd St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colrd	Single

6-DATE OF BIRTH, Unknown 1895 (Month) (Day) (Year)

7-AGE, 21 yrs. mos. ds. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Harford Co Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roman Hensley

(Address) 374 N Fulton Ave

15-

Filed AUG 16 1916 L.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon; and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Spleen caused by Kick of horse

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism Chronic

(Duration) yrs. mos. ds.

(Signed) A T Kelly M. D.
(Coroner.)

Aug 16, 1916 (Address) 1699 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Corbin Md	Aug 16 1916
20-UNDERTAKER Wm L Chapman	ADDRESS Westminster Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97435 C97435

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 S. Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Neilson

(Residence in Baltimore: No. 125 S. Robinson St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug. (Month) 15 (Day), 1916 (Year).

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 1 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Herbert Neilson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mitchel Beet MD

(Address) 613 Park Ave

15- Filed ..... AUG 16 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 15 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 15 1916, that I saw her alive on Aug 15 1916, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Prematurely

..... (Duration) ..... yrs. ..... mos. 1 hr. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mitchel Beet M. D.

Aug. 15, 1916 (Address) 613 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, Aug. 16, 191.6

20-UNDERTAKER Christian Miller

ADDRESS 1334 Jefferson St

Important. See instructions on back of certificate.

C97436 HEALTH DEPARTMENT—CITY OF BALTIMORE C97436

170

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 643 Cider Av ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Martin C.

(Residence in Baltimore: No. 643 Cider Av

St.; 30 yrs., ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, December 4, 1858 (Month) (Day) (Year)

7-AGE, 57 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevador
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER: George Martin C

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Elyja —

13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eleanor Martin C Wife

(Address) 643 Cider Av

15- Filed AUG 16 1916, 191.... Registrar. 2

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M Bernhardt (Coroner) M. D.

Aug 15, 1916 (Address) 1017 St Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Aug 16, 1916

20-UNDERTAKER Charles B Jones — ADDRESS 235 N Pine St

Please write plainly, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 097437

CERTIFICATE OF DEATH.

124 097437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Race St. ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Barney

(Residence in Baltimore: No. 1127 Race St.) St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 6, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Keys.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Annie Morris.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose White

(Address) 1127 Race St.

15-

Filed ....., 19.. AUG 16 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to Aug 14 1916, that I saw h[illegible] alive on Aug 8 1916, and that death occurred, on the date stated above, at 2. A. m.

The CAUSE OF DEATH* was as follows:

Fibroid Tumor
of Uterus

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rapid Emaciation

(Duration) yrs. mos. ds.

(Signed) F. Edw. Smith M. D.

Aug 15 1916 (Address) 900 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn St

DATE OF BURIAL, Aug. 16, 1916.

20-UNDERTAKER S. W. Brown & Son

ADDRESS 28 N. Monty St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C97438

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97438

CERTIFICATE OF DEATH.

150

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 S. Broadway ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Kramer

(Residence in Baltimore: No. 632 S Broadway St.; ~~yrs.~~ ~~mos.~~ 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 15, (Month) (Day), 1916 (Year)

7-AGE,	If LESS than 1 day.
...yrs...mos...1...ds.	...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Morris M. Kramer

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Kate Buncheg

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. M. Kramer

(Address) 632 S. Broadway

15- AUG 16 1916

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 15, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 15, 1916, that I saw him alive on Aug. 15, 1916, and that death occurred, on the date stated above, at 11.30 P.m.

The CAUSE OF DEATH* was as follows:

Congenitally weak Heart
(Blue Baby)
(Duration) ...yrs...mos...1...ds.

CONTRIBUTORY (Secondary)
(Duration) ...yrs...mos...ds.

(Signed) Isaac M. Marks M. D.
Aug. 16, 1916. (Address) 1802 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Greenmount Cem DATE OF BURIAL, Aug 16, 1916

20-UNDERTAKER A. Klein ADDRESS 1177 E Balto St

Important. See instructions on back of certificate. ...ATION is very ...ate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97439 138 C97439

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt St.; ward) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tabitha Cutler

(Residence in Baltimore: No. 839 W. Franklin St.; 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 8, 1878 (Month) (Day) (Year)

7-AGE, 18 yrs. 5 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Edward Cutler

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lizzie Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Bellamy

(Address) 839 W. Franklin St.

15- AUG 16 1916

Filed ....., 191....? .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 11 1916, to Aug 13 1916, that I saw her alive on August 12 1916, and that death occurred, on the date stated above, at 1:00 A.m.

The CAUSE OF DEATH was as follows:

Eclampsia Toxaemia
Child Birth
(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. D. Wolff M. D.

Aug. 13., 1916 (Address) University Hospt.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 839 W. Franklin St

19-PLACE OF BURIAL OR REMOVAL, Mosby Hill Va. DATE OF BURIAL, Aug. 20., 1916.

20-UNDERTAKER John F. Cowan & Son ADDRESS 701 Hollins St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97440 C97440

CERTIFICATE OF DEATH.

28

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 Fruchtkam ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Strumsky

(Residence in Baltimore: No. 2624 Fruchtkam St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 21, 1886 (Month) (Day) (Year)

7-AGE, 29 yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS:

10-NAME OF FATHER, Edward Kanoff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Augusta Jacobsky

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Strumsky

(Address) 2624 Fruchtkam

15-

Filed Aug 16 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1916, to Aug 13 1916, that I saw h[illegible] alive on Aug 13 1916, and that death occurred, on the date stated above, at 1250 a m.

The CAUSE OF DEATH* was as follows:

a. Pulmonary Tuberculosis

(Duration) In bowels yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter A Eck M. D.

8-16, 1916 (Address) Fairmount & Linwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, Aug. 17th, 1916.

20-UNDERTAKER Geo. L. Schwab & Bro.

ADDRESS 2101 Frederick Ave.

Important. See instructions on back of certificate. [illegible] statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C97441

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97441

CERTIFICATE OF DEATH.

10

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 764 W Mulberry ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Gardner

(Residence in Baltimore: No. 764 W Mulberry — St.; 42 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1874 (Year)

7-AGE, 42 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), A A County Md.

PARENTS.

10-NAME OF FATHER, Isaac Waters

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Walker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Wm Barker

(Address)... 843 Oxford St

15-

Filed AUG 16 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 8 (Day) 14 (Year) 1916

17. I HEREBY CERTIFY, That I attended deceased from Augt 1st 1916, to Augt 13 1916, that I saw h[er] alive on Augt 12 1916, and that death occurred, on the date stated above, at 2-20 a.m.

The CAUSE OF DEATH* was as follows:

..... General Dropsy .....

..... (Duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Pleurisy Influenza

..... (Duration) yrs. 1 mos. ds.

(Signed) C W Barker M. D.

....., 191... (Address) 1403 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Aug. 16 1916
20-UNDERTAKER	ADDRESS
John H Toadvine	142 Wilkes St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97442

C97442

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97442 C97442

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 Mill Rece Road, WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter R Butler

(Residence in Baltimore: No. 1434 Mill Rece Road St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, March 2 (Month) (Day), 1916 (Year)

7-AGE, yrs. 5 mos. 13 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Walter Butler

11-BIRTHPLACE OF FATHER (State or Country), Ga

12-MAIDEN NAME OF MOTHER Lula Rider

13-BIRTHPLACE OF MOTHER (State or Country), Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Butler

(Address) 1434 Mill Rece Road

15-

Filed, 191 AUG 16 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1916, to Aug. 15 1916, that I saw him alive on Aug. 15 1916, and that death occurred, on the date stated above, at 6.20 P m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 3 mos. ds.

(Signed) E. F. Coughlin M. D.

8.15, 191 6 (Address) 8701 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, Aug. 16 1916

20-UNDERTAKER Chenoweth & Son — ADDRESS Cor Calvert & Cove

Important. See instructions on back of certificate.

C97443 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C97443

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2217 Hargrove St ST. 12 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rudolph Ettis Taylor

(Residence in Baltimore: No. 2217 Hargrove St ST.; 5 yrs. 1 mos. 1 ds.)

Spec.—8-24-14—M. & T.—2000 Bks.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH March 14, 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. 5 mos. 1 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Alford Taylor

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Carrie Thomas

13-BIRTHPLACE OF MOTHER (State or country): West River Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter C Bacon

(Address) 102 E 20th St

15- AUG 16 1916

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12, 1916 to Aug 15 1916, that I saw him alive on Aug 15, 1916, and that death occurred, on the date stated above, at 10.15 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Cardiac Failure

(Duration) ..... yrs. ..... mos. 1/2 ds.

(Signed) Walter C Bacon M. D.

8/16/16 191 (Address) 102 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemitary	Aug 16, 1916
20-UNDERTAKER	ADDRESS
Mr R A Elliott	5-06 East 4

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

C97444

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C97444

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 E. Centre ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma White

(Residence in Baltimore: No. ~~Lafayette~~ 104 E. Centre St.; ....yrs....mos....ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1861 (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel J. Frisby

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lydia A. Talbert

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Quinn

(Address) 104 E. Centre St.

15-

Filed....., 191.... AUG 16 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 13th. (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 13th 1916, to Aug 13th 1916, that I saw her alive on August 13th 1916, and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ....yrs. ....mos. ....ds. about 1½ hour

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. Hollett M. D.

Aug 13th, 1916. (Address) 607 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Aug. 16th, 1916.

20-UNDERTAKER Edward W. Eyl.

ADDRESS 61 Wilson Ave. Catonsville Md

HEALTH DEPARTMENT---CITY OF BALTIMORE

C97445

CERTIFICATE OF DEATH

C97445

29

1 PLACE OF DEATH

Registered No. C.....

CITY OF BALTIMORE: (No. 1134 W.Pratt St.; 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Henry Houck.

(Residence in Baltimore: No. 1134 W.Pratt st. St.; 64 yrs. 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov. (Month) [illegible] (Day) 1851 (Year)

7-AGE: 64 yrs. 9 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Henry Joshua Houch

11-BIRTHPLACE OF FATHER (State or country): Frederick Co.Md.

12-MAIDEN NAME OF MOTHER: Susan Stone

13-BIRTHPLACE OF MOTHER (State or country): Frederick Co.Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Houck

(Address) 1210 S.Charles.

15- AUG 16 1916

Filed ....., 191 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 16/16. (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23/16, 191, to, Aug.16/16. 191, that I saw him alive on Aug.14/16. 191, and that death occurred, on the date stated above, at 1225 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis. (Acute)

(Duration) yrs. 2 mos. ds.

Contributory (SECONDARY) General Debility.

(Duration) yrs. 2 mos. ds.

(Signed) Henry Woods Coleman M.D.

Aug.16/16 191 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: aug 18, 1916

20-UNDERTAKER: William Cook

ADDRESS: 502 E North ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Pl.

Spec.—8-24-14—M. & T.—2000 Bks.

C97446

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97446

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S. Arlington Ave. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Billman

(Residence in Baltimore: No. 6 S. Poppleton St St.; 72 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ... November (Month) ..... 27 (Day), 1837 (Year)

7-AGE,	If LESS than 1 day,
78 yrs. 8 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Billman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Zee

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. William A. Marling

(Address) 13 S. Arlington Ave.

15-

Filed ....., 191.....

AUG 16 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... August (Month) ..... 15 (Day) 1916, 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 4. 1916, to Aug 15 1916, that I saw him alive on Aug 15 1916, and that death occurred, on the date stated above, at 8-40 a.m.

The CAUSE OF DEATH* was as follows:

..... Acute Cystitis complicating .....
..... Senile Arteriosclerosis .....
..... (Duration) 6 Wks. 2 mos. 11 ds.

CONTRIBUTORY. (Secondary) Cerebral Hemmorrhage

..... (Duration) 1 yrs. ..... mos. 1 ds.

(Signed) Henry C. Ott M. D.

Aug. 15., 191.6 (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Aug. 18..., 1916

20-UNDERTAKER Jos B Cook

ADDRESS 1032 W Balto St

Important. See instructions on back of certificate. ... DESIGNATION OF OCCUPATION is very

---

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97447 C97447

CERTIFICATE OF DEATH.

138

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Kielki

(Residence in Baltimore: No. 813 S. Ann St ST.; 15 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Not Known (Month), 1 (Day), (Year)

7-AGE,	If LESS than 1 day,
38 About yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, John Wasrofski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaw Kielek

(Address) 813 S. Ann St

15-

Filed AUG 16 1916, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 15, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 15 1916, that I saw h[illegible] alive on Aug 15 1916, and that death occurred, on the date stated above, at 3.40 p.m.

The CAUSE OF DEATH* was as follows:

Eclampsia Puerperalis

Coma

(Duration) 3 hrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yr. mos. ds.

(Signed) Edward P. Lunt M. D.

8/15, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 27 yrs. mos. ds.

Where was disease contracted, if not at place of death? 813 S. Ann St

Former or usual residence 813 S. Ann St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Aug 17, 1916

20-UNDERTAKER William Frankowski

ADDRESS 618 Eastern Ave.

important. See instructions on back of certificate.

C97448

HEALTH DEPARTMENT—CITY OF BALTIMORE

163 C97448

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St. Agnes Hospital ST. 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Regais Jones.

(Residence in Baltimore: No. 1516 Orleans St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~, Fem.

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1897 (Year)

7-AGE, 19 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). At Occupation

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliza Banks

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lutill Stones

(Address) 1516 Orleans st

15-

Filed ....., 191... AUG 16 1916 L

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 16, (Day) 191...6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide, burning of clothes (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D.K. Hawley (Coroner.) M. D.

....., 191... (Address) M.C. Hawley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1516 Orleans St.

Former or usual residence 1516 Orleans St.

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, Aug 16, 1916

20-UNDERTAKER John C Henderson

ADDRESS 317 Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

C97449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C97449

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence B. Cook Jr.

(Residence in Baltimore: No. Hebrew Hosp. St.; ..... yrs., ... mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) 6 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 10 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Clarence B.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Vernia McTrist

13-BIRTHPLACE OF MOTHER (State or Country), D C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence B Cook Sr.

(Address) 17 S 32d St

15-

Filed AUG 16 1916, 191.....

ROBERT P. KNOTT,
Registrar of Vital Records, Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 6 1916, to Aug. 15 1916, that I saw him alive on Aug. 15 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Premature twin birth

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Inanition

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) B.S. Jacobson M. D.

Aug 16, 191.6 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. 10 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 11 S. 3rd St

19-PLACE OF BURIAL OR REMOVAL, St Evangelical — DATE OF BURIAL, Aug 16, 1916

20-UNDERTAKER H. Sanders & Sons — ADDRESS 1210 Eutaw St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97450

CERTIFICATE OF DEATH.

31 C97450

REGISTERED NO. C

1-PLACE OF DEATH Bridler & Fellman Sanatarium

CITY OF BALTIMORE: (No. 2724 N Charles ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma D Kuhlmann

(Residence in Baltimore: No. 621 N Fremont St. 41 yrs., 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH May 29, 1871 (Month) (Day) (Year)

7-AGE 41 yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER Conrad Kuhlmann

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Sophia Kramm

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Hoen

(Address) 621 N Fremont St

15- Filed AUG 16 1916, 191.... ROBERT B. KNAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1916, to Aug 13 1916, that I saw h[illegible] alive on Aug 13 1916, and that death occurred, on the date stated above, at 10 10 a m.

The CAUSE OF DEATH* was as follows:

Intracutaneous Peritonitis

Probably Appendicitis Months

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) yrs. mos. 2 ds.

(Signed) Wm L Fellman M. D.

Aug 15, 191.6 (Address) 2042 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos. 1 ds.

Where was disease contracted, if not at place of death? 621 N Fremont St

Former or usual residence 621 N Fremont St

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 18, 191.6

20-UNDERTAKER, H Warrington — ADDRESS Norma

Important. See instructions on back of certificate. Physician must state CAUSE OF DEATH in every case. Statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14.—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 097451

CERTIFICATE OF DEATH.

56 097451

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Clifton Place WARD 8)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick J. Whelan

(Residence in Baltimore: No. 1600 Clifton Place St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 7 (Day), 1871 (Year)

7-AGE, 45 yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocerman
(b) General nature of industry, business, or establishment in which employed (or employer): Store

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Whelan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah Smith

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Whelan

(Address) 1600 Clifton Place

15- Filed AUG 16 1916, 191..... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug-1 1916, to Aug-14- 1916, that I saw him alive on Aug-14 1916, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

..... a. Arteriosclerosis -

.....

.....

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer S. Hall M. D.

Aug-16, 1916. (Address) 16 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL, Aug. 17, 1916

20-UNDERTAKER: Robt J Turner — ADDRESS 1442 N. Brady

important. See instructions on back of certificate.

C97452

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C97452

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 130 Pearl ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Chambers

(Residence in Baltimore: No. 130 Pearl St.; yrs. ..... mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: Aug (Month) 4 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md Balto

PARENTS

10-NAME OF FATHER: Peter Chambers

11-BIRTHPLACE OF FATHER (State or country): Greece

12-MAIDEN NAME OF MOTHER: Pauline Dougas

13-BIRTHPLACE OF MOTHER (State or country): Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Peter Chambers

(Address) 130 Pearl St

15. Filed AUG 16 1916, 191 ROBERT R. BRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1916, to Aug 16 1916, that I saw her alive on Aug 15, 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs. ..... mos. 12 ds

Contributory (SECONDARY) Marasmus

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed), Harry Glassman M. D.

Aug 16, 1916 (Address) 2687 Whelans Alley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: Aug 16, 1916

20-UNDERTAKER: Robt Brooks & Son — ADDRESS: Calhoun & Hall

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Henry F. Gaudies

HEALTH DEPARTMENT--CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

Henry F. Gautier

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97453

CERTIFICATE OF DEATH.

37 C97453

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry F. Gautier

(Residence in Baltimore: No. 1400 W. Lexington St St.; 48 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September 21 (Month) (Day), 1849 (Year)

7-AGE, 66 yrs. 10 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Store

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Henry Gautier

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Julia Imogen

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed AUG 16 1916, 191.... ROBERT R. KRAUTER. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 16 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 7 1916 to August 16 1916, that I saw h[illegible] alive on August 16 1916, and that death occurred, on the date stated above, at 10 '9 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis,

Syphilis (general paresis)

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 3 ds.

(Signed) R. W. Bloomfield M. D.

Aug. 16, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1400 W Lexington

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, Aug. 18, 1916

20-UNDERTAKER George J. Smith ADDRESS 1000 Fayette St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97454 — 28 — C97454

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 765 Preston ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Russell

(Residence in Baltimore: No.) 765 Preston St.; 18 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June, 1898, 1 (Month) (Day) (Year)

7-AGE, 18 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Zacariah White

11-BIRTHPLACE OF FATHER (State or Country) Calvert Co., Md.

12-MAIDEN NAME OF MOTHER Mary Smallwood

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beatrice White

(Address) 765 Preston St

15- AUG 16 1916 ROBERT R. KRAUTER

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to Aug. 15, 1916, that I saw her alive on Aug. 13, 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Birth Injury

(Duration) 1 yrs. 4 mos. ..... ds.

Signed) H. Lee Ellis M. D.

Aug 17, 1916. (Address) 92 N Monroe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holly Pons Calvert Co. | DATE OF BURIAL, Aug. 17 1916

20-UNDERTAKER Samuel Easton | ADDRESS 916 Penna Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Edward Lawnicki

Spec.—8-24-14—M. & T.—2000 Bks.

Edward Lawnicki

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97455

CERTIFICATE OF DEATH.

104 C97455

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S. Carolina St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Lawnicki

(Residence in Baltimore: No. 509 S Carolina St.; ... yrs., 11 mos. ... ds.)

important. See instructions on back of certificate. Each statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) September (Day) ..., 1915 (Year)

7-AGE, ... yrs. 10 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). ...

9-BIRTHPLACE, (State or Country), Baltimore - Md.

PARENTS.

10-NAME OF FATHER, John Lawnicki

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Annie Filipiak

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Lawnicki

(Address) 509 S. Carolina St.

15- Filed AUG 16 1916, 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12 1916, to Aug 16 1916, that I saw h— alive on Aug 16 1916, and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

... (Duration) ... yrs. ... mos. 5 ... ds.

CONTRIBUTORY (Secondary) ...

... (Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

Aug 16, 1916 (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug. 17, 1916

20-UNDERTAKER W. F. Sadowski — ADDRESS 405 S. Edwn

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

097456

CERTIFICATE OF DEATH.

91 097456

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Schley

(Residence in Baltimore: No. 948 N. Washington St.; yrs. 6 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month) 27, (Day) 1916 (Year)

7-AGE, yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frank Kocurek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia (Europe)

12-MAIDEN NAME OF MOTHER Jennie Schley

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Schley

(Address) 948 N Washington

15-

Filed....., 191.....

AUG 17 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 17, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 17 1916, that I saw her alive on Aug 16 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1/3 ds.

(Signed) B Jacobson M. D.

Aug 17, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. 6 mos. 20 ds.

Where was disease contracted, if not at place of death? At residence

Former or usual residence 948 N. Wash. St

19-PLACE OF BURIAL OR REMOVAL, Oak Hill

DATE OF BURIAL. Aug 19 16, 191.6

20-UNDERTAKER Frank Crack Son

ADDRESS 1046 Eutaw

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97457

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97457

CERTIFICATE OF DEATH.

x 54

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Brown

(Residence in Baltimore: No. Johns Hopkins Hosp St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 14, 1873 (Month) (Day) (Year)

7-AGE, 43 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Adam Brandorff

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Elizabeth Ivestle

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) A Schmitt

(Address) Johns Hopkins Hospital

15-

Filed Aug 17 16 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended, deceased from August 2 1916 to August 17 1916, that I saw her alive on August 17 1916, and that death occurred, on the date stated above, at 6 45 a. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia -

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Arthur Bloomfield M. D.

Aug. 17, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Fairfield Pa.

19-PLACE OF BURIAL OR REMOVAL, Fairfield Penna

DATE OF BURIAL, 8/17, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

important. See instructions on back of certificate.

C97458

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97458

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 633 Cumberland ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza A. Crosby

(Residence in Baltimore: No. 633 Cumberland St.; 68 yrs., 11 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept. 2, 1847 (Month) (Day) (Year)

7-AGE, 68 yrs. 11 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Crosby

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Charlotte Polin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. C. McLocklin

(Address) 633 Cumberland St.

15-

Filed ....., 191.. AUG 17 1916 .....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malignant Disease of Liver

Exhaustion

Mitral Valve

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Not known

(Duration) ....yrs, ...mos....ds.

(Signed) [illegible] M. D. (Coroner)

Aug. 16, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge

DATE OF BURIAL, Aug 18, 1916

20-UNDERTAKER J. C. McCauley

ADDRESS 624 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.---8-24-14---M. & T.---2000 Bks.

C97459

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97459

CERTIFICATE OF DEATH.

82

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 E 25th St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Silas F Lewis

(Residence in Baltimore: No. 340 E 25th St.; ....yrs. ....mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb (Month) 10 (Day), 1848 (Year)

7-AGE	If LESS than 1 day,
68 yrs. 6 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Lewis

(Address) St Michaels Md.

15-

Filed Aug 17/16 191.... L

Registrar.

Dr. Rockwood - 8 E Eager St.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9th 1916, to Aug 17th 1916, that I saw h in alive on Aug 16th 1916, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism
(Coma)

(Duration) about 12 hrs; yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(Duration) 1 yrs. mos. ds.

(Signed) Wm F. Lockwood M. D.

Aug 17, 1916 (Address) 8 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Michaels Md.	Aug 19, 1916
20-UNDERTAKER	ADDRESS
H. M. Cruttenden	Easton Md.

Important. See instructions on back of certificate.

C97460

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C97460

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 Albemarle St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophie Mccavick Mccavick

(Residence in Baltimore: No. 113 Albemarle St.; yrs. 9 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH October (Month) 4 (Day) 1915 (Year)

7-AGE yrs. 9 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore City

PARENTS

10-NAME OF FATHER Luke Mccavick

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Mary Seroski?

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daniel Mccavick

(Address) 113 Albemarle St

15-

Filed AUG 17 1916, 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH August (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 14 1916, to, August 15 1916, that I saw her alive on August 15 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Improper Feeding
Marasmus

(Duration) yrs. 9 mos. 12 ds.

Contributory (SECONDARY) Entero Colitis

(Duration) yrs. 2 mos. ? ds.

(Signed), Alfred Whitehead M. D.

August 16 1916. [Address] 1243 Madison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Holy Cross Cem. A.G. Lots

DATE OF BURIAL Aug 17th, 1916

20-UNDERTAKER E. Schloman & Son

ADDRESS 1039 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT---CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97461

HEALTH DEPARTMENT—CITY OF BALTIMORE

154 C97461

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 E Cross St. 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredericka Miller

(Residence in Baltimore: No. 317 E Cross St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Mar 19, 1829 (Month) (Day) (Year)

7-AGE, 87 yrs. 3 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Miller

(Address) 2220 Wilkins Ave.

15-

Filed AUG 17 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to Aug 15 1916, that I saw her alive on Aug 14 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Infirmities of old age

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Inanition

(Duration) yrs. mos. 14 ds.

(Signed) R. O. L. Campbell M. D.

Aug 15, 1916 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Aug 16th, 1916

20-UNDERTAKER E. R. Harle ADDRESS 115 E. West St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97462

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97462

CERTIFICATE OF DEATH.

105

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 N. Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Holland

(Residence in Baltimore: No. 1410 N. Mount ST.; 67 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, ... Feb. (Month) ..... 14 (Day), 1849 (Year)

7-AGE, 67 yrs. 6 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Addison

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Ellen Burgess

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ellen Wesley

(Address) 1410 N. Mount St.

15-

Filed ....., 191. AUG 17 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 15th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10th 1916, to Aug 15th 1916, that I saw h.er alive on Aug 14th 1916, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

a. Gastro Enteritis

b. Hospital Debility

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) Geo. H. Lauenstein M. D.

Aug 15th, 191. 6 (Address) 2215 N. Monastery

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Peter's Cemetery — DATE OF BURIAL, Aug. 18, 191. 6

20-UNDERTAKER, Geo. H. Holland — ADDRESS 517 Robert St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97463

C97463

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Miller

(Residence in Baltimore: No. Mercy Hospital St.; yrs. nos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Widower

6-DATE OF BIRTH, Feb. 4, 1838. (Month) (Day) (Year)

7-AGE, 78 yrs. 6 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St.

15-

Filed ..... 191.... AUG 17 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 8 1916, to Aug 16 1916, that I saw h[illegible] alive on Aug 16 1916, and that death occurred, on the date stated above, at 5:38 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Do not know (Duration) yrs. mos. ds.

CONTRIBUTORY Myocarditis

(Secondary) Do not know (Duration) yrs. mos. ds.

(Signed) Edward P. Sauer M. D.

Aug 16, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State Do not know yrs. mos. ds.

Where was disease contracted, if not at place of death? Lutherville Md.

Former or usual residence Lutherville Md.

19-PLACE OF BURIAL, OR REMOVAL, Baltimore, DATE OF BURIAL, Aug 19, 1916.

20-UNDERTAKER Wm Cook ADDRESS 508 E North

Important. See instructions on back of certificate. Any alteration or erasure in any of the items, except those relating to property statistics, renders this certificate void. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C97464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C97464

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 822 N. Wolfe ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretta A. Diggs

(Residence in Baltimore: No. 822 N. Wolfe St. St.; 40 yrs., mos. ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, April (Month) 27 (Day), 1866 (Year)

7-AGE, 50 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Norfolk Va

PARENTS.

10-NAME OF FATHER, Americas Woodhouse

11-BIRTHPLACE OF FATHER (State or Country), Norfolk Va.

12-MAIDEN NAME OF MOTHER Maria J. Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Norfolk Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Diggs

(Address) 822 N. Wolfe St.

15-

Filed ..... 191. AUG 17 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 191 6, to 15 Aug. 191 6, that I saw h[illegible] alive on 14 Aug 191 6, and that death occurred, on the date stated above, at 0.45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Cerebral Rupture

Ovarian

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Not Determined

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. Mayfield Bell M. D.

8/16, 191. (Address) 1433 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sparks Maryland

DATE OF BURIAL, Aug. 17th, 1916

20-UNDERTAKER [illegible] G. Locke

ADDRESS 1302 Jefferson St.

C97465 HEALTH DEPARTMENT, CITY OF BALTIMORE C97465

C97465

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C97465

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 832 Hanover st. ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dolores Bush

(Residence in Baltimore: No. 832 Hanover st. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 15 (Day), 1916 (Year)

7-AGE: yrs. 6 mos. 1 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto.Md.

PARENTS

10-NAME OF FATHER: Andrew Bush

11-BIRTHPLACE OF FATHER (State or country): Balto.Md

12-MAIDEN NAME OF MOTHER: Delia Cresswell

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Bush

(Address) 832 Hanover st.

15-

Filed AUG 17 1916, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. (Month) 16/16. (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17/16, 191, to, Aug.16/16 191, that I saw her alive on Aug.15/16. 191, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-enteric Intoxication.

(Duration) yrs 1 mos ds.

Contributory (SECONDARY) Malnutrition,

(Duration) yrs 6 mos ds.

(Signed) Henry Wade Cowen M.D.

Aug.16/16 191 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Aug 17 191 6.

20-UNDERTAKER: Fred. A. Krauss

ADDRESS: 703 Hanover St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

097466

HEALTH DEPARTMENT--CITY OF BALTIMORE

097466

CERTIFICATE OF DEATH

8

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 2653 Wilkens Ave 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Arthur W. Smith

(Residence in Baltimore: No. 2653 Wilkens Ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH January 17, 1916 (Month) (Day) (Year)

7 AGE ..... yrs. 7 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Balto

PARENTS

10 NAME OF FATHER Walter F. Smith

11 BIRTHPLACE OF FATHER (State or country) N. York City

12 MAIDEN NAME OF MOTHER Caroline Lieicks

13 BIRTHPLACE OF MOTHER (State or country) Balto City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter F. Smith

(Address) 2653 Wilkens Ave

15 Filed AUG 17 1916, 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1916, to Aug 16 1916, that I saw him alive on Aug 16, 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) ..... yrs. 3 mos. ds

Contributory (SECONDARY) Ilio-colitis

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Harry Glassman M. D.

Aug 16, 1916 (Address) 2687 Wilkens ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Dorsey Run — DATE OF BURIAL Aug 17, 1916

20 UNDERTAKER E. J. Fanning — ADDRESS 1460 Battery Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

97467

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97467

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Eutaw Row St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Fannie House

(Residence in Baltimore: No. 1521 Linden Ave. St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... Unknown ....., 1860
(Month) (Day) (Year)

7-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER. Clem House

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hattie Leigh

(Address) 2324 Maryland Ave

15-

Filed ..... AUG 17 1916 ....., 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug 15 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to Aug 15 1916,
that I saw h... alive on Aug 14 191...,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uremic Convulsions

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1521 Linden Ave Balto City

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Aug 18 1916
20-UNDERTAKER	**ADDRESS**
M Fahey & Sons	616 Lafayette

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

097468

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

097468

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 N Lakewood Ave ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Koeneke

(Residence in Baltimore: No. 625 N Lakewood Ave St.; 45 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Whit

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Marr

6-DATE OF BIRTH, Aug (Month) 18 (Day), 1867 (Year)

7-AGE, 48 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Mt

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Berner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Koeneke

(Address) 625 N. Lakewood

15-

Filed AUG 17 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1916, to Aug 15 1916, that I saw her alive on Aug 15 1916, and that death occurred, on the date stated above, at 11.45a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Cerebral Hemorrhage

(Duration) .....yrs.....mos. 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) .....yrs.....mos.....ds.

(Signed) John G. Oburn M. D.

Aug 17, 191.6 (Address) Fairmount & Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto Cem

DATE OF BURIAL, Aug 19 191.6

20-UNDERTAKER Philip Herrig

ADDRESS 2016 Oliver

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 697469

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Bond ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Baer

(Residence in Baltimore: No. 418 N. Bond St.; 52 yrs. 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July 4th, 1864 (Month) (Day) (Year)

7-AGE, 52 yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Adam Horn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna C —

13-BIRTHPLACE OF MOTHER (State or Country), German

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Baer

(Address) 418 N. Bond

15-

Filed AUG 17 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 15th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1916, to Aug 15 1916, that I saw her alive on Aug 14 1916 and that death occurred, on the date stated above, at 2.45a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmibrage

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Paralysis Reaper

stay Cause (Duration) ....yrs. ....mos. 6 ds.

(Signed) H.T. Owens M. D.

8/16, 1916 (Address) 2571 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Aug 17, 1916

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97470 HEALTH DEPARTMENT—CITY OF BALTIMORE C97470

CERTIFICATE OF DEATH.

REGISTERED No. C 152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Kirk St. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Mercer

(Residence in Baltimore: No. 1134 Kirk St St.; ..... yrs., ... mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH. Aug (Month) 1 (Day), 1916 (Year)

7-AGE.	If LESS than 1 day,
..... yrs. ..... mos. 16 ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Dorsey Mercer

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Sadie Garner

13-BIRTHPLACE OF MOTHER (State or Country). North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Mercer

(Address) 1134 Kirk St

15-

Filed AUG 17 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Aug 16 1916, that I saw her alive on Aug 13 1916, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Haemorrhagic disease of the new born.

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Watt M. D.

Aug 16, 1916. (Address) University Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Aug 17., 1916.
20-UNDERTAKER John F Owens	ADDRESS 1222 Druid Hill Ave

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C97471

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97471

CERTIFICATE OF DEATH.

REGISTERED No. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Druid Hill Av ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella L Clayton.

(Residence in Baltimore: No. 2224 Druid Hill Av St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 11th, 1915 (Month) (Day) (Year)

7-AGE, One yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): (Infant)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Leonard Clayton

11-BIRTHPLACE OF FATHER (State or Country), Md. Kent Co

12-MAIDEN NAME OF MOTHER Annie McQuay

13-BIRTHPLACE OF MOTHER (State or Country), Md. Kent Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Clayton

(Address) 12 Druid Hill Av

15-

Filed ....., 191.. AUG 17 1916 L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 15th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15 1916, to date 191, that I saw h[illegible] alive on Aug 15 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Convulsions

Gastro-Enteritis

about (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Complications

(Duration) ....yrs. ....mos. 1/2 ds.

(Signed) Lucas Baker M. D.

Aug 17 191 (Address) 1 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mont Auburn	Aug 17 191..
20-UNDERTAKER John H Owens	ADDRESS 1222 Druid Hill Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97472 C97472

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1745 Druid Hill Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leora Powell

(Residence in Baltimore: No. 1745 Druid Hill Ave St.; 3 yrs., 1 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, July (Month) (Day) 1913 (Year)

7-AGE, 3 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Andrew Powell

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Bertha Woods

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Dawkins

(Address) 1745 Druid Hill Ave

15- AUG 17 1916

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 17 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 1916, to Aug 17 1916, that I saw him alive on Aug 17 1916, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

1a Broncho Pneumonia

1b

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. mos. ds.

(Signed) Edward L Short M. D.

Aug 17, 191. (Address) 1812 David Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mary Point Md

DATE OF BURIAL, Aug 17, 1916

20-UNDERTAKER Lankford & Sons, ADDRESS James H Dennis 1303 Bush

---

C97473

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97472

C97473

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97473

1 PLACE OF DEATH

REGISTERED No. C 91

CITY OF BALTIMORE (No. 209 N Amity St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estella Washington

(Residence in Baltimore: No. 209 N Amity St.: 1 yrs. 6 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem.

4-COLOR OR RACE: Col

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: February 3 (Month) 19 (Day), 15 (Year)

7-AGE: 1 yrs. 6 mos. 13 ds.

If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: Baltimore Md

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Lula Smith

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emmory Stewart

(Address) 209 N. Amity St

15.

Filed ..... 191 AUG 17 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1916, to Aug 16 1916, that I saw her alive on Aug 16, 1916, and that death occurred, on the date stated above, at 11.5 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY): Collisions

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) D L Hoope M. D.

Aug 17 1916 (Address) 917 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lamel Cemetery

DATE OF BURIAL: Aug 18 1916

20-UNDERTAKER: John F Howard & Co

ADDRESS: 901 Hollins St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97474

CERTIFICATE OF DEATH.

91 C97474

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 N. Parrish St ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Jackson

(Residence in Baltimore: No. 905 N. Parrish St St.; 1 yrs., 9 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, August 16, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country) Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. Richard Jackson

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER Mamie Smith

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Smith (Mother)

(Address) 905 N. Parrish St.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) — 16 (Day) —, 1919 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 9 1916, to Aug. 16 1916, that I saw him alive on Aug. 16 1919, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis; Broncho-Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Eczema, teething

(Duration) 1 yrs. mos. 15 ds.

(Signed) W. H. Montague M. D.

Aug. 17, 1916 (Address) 30 W. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, N. Auburn — DATE OF BURIAL, Aug 16, 1916

20-UNDERTAKER Jno. H. Chase & Son — ADDRESS 1600 Mosher

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B

V

19

Spec.—5-19-13—M. & T.—500 Blks.

Spec.—5-19-13—M. & T.—500 Bks.

C97475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 C97475

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 Greenwillow ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur J. Compher

(Residence in Baltimore: No. 646 Glenwillow St.; 2 yrs., 2 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Col.	Single

6-DATE OF BIRTH, May 23, 1914 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
2 yrs. 2 mos. 23 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, William Compher

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Compher

(Address) 646 Greenwillow St.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 10th 1916, to Aug. 16 1916, that I saw h[illegible] alive on Aug. 16 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) 5 yrs. 5 mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) 6 yrs. mos. 7 ds.

(Signed) Jno. G. Fiske M. D.

Aug 17, 191.. (Address) 201 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Lucas DATE OF BURIAL, Aug 17, 191.

20-UNDERTAKER, Samuel Easton ADDRESS, 916 Pennsylvania Ave

3 P. m.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97476

CERTIFICATE OF DEATH.

104 C97476

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Rausch

(Residence in Baltimore: No. 1123 Somerset St.; 54 yrs., 4 mos. 14 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 2nd (Day), 1862 (Year)

7-AGE, 54 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Rausch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary G. Reifert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Joseph F. Rausch

(Address) 1123 Somerset St.

15-

Filed Aug 17, 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 16th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14th 1916, to Aug. 16 1916, that I saw her alive on Aug. 16th 1916, and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

?

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

Oedema of Lungs (Duration) ....yrs.....mos. 1 ....ds.

(Signed) N. P. Voss M. D.

8/16/1..., 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 54 yrs. 4 mos. 14 ds.

Where was disease contracted, if not at place of death? 1123 Somerset St

Former or usual residence 1123 Somerset St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemy — DATE OF BURIAL, Aug 19, 1916

20-UNDERTAKER Henry Storck Son — ADDRESS 130 E Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 C97477 104 C97477

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Dowell

(Residence in Baltimore: No. 640 Bradley St. St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, May 29, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robt. Dowell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lillian Carter

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St.

15-

Filed AUG 17 1916, 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to Aug 17 1916, that I saw her alive on Aug 17 1916 and that death occurred, on the date stated above, at 4.55 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

Acute (Duration) 2 yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Krauth M. D.

Aug 17, 191.., (Address) 1116 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 24 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 640 Bradley St.

Former or usual residence 640 Bradley St.

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL AUG 17 1916, 191...

20-UNDERTAKER .....

ADDRESS .....

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

B C97478

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97478

CERTIFICATE OF DEATH.

152

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Eutaw St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby McCaigo

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, August (Month) 16 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, ... hrs. or 10 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Clark McCaigo

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Carrie Carter

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed AUG 17 1916, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 16 1916, that I saw h[illegible] alive on Aug 16 1916, and that death occurred, on the date stated above, at 2:10 Am.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Wolf M. D.

....., 191.. (Address) University Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	AUG 17 1916, 191...
20-UNDERTAKER	ADDRESS
Commissioner Health.	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97479

CERTIFICATE OF DEATH.

150 C97479

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 633 N. Biddle ST.: 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Da Pitts

(Residence in Baltimore: No. 633 N. Biddle St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Aug. (Month) 3 (Day), 1916. (Year)

7-AGE, ...yrs. 6 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Pitts

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lelia Mason

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO ~~THE~~ BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 633 N Biddle

15- Filed AUG 17 1916, 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 15 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Non Closure of the Foramen Ovale.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ~~Test~~ Prematurity (

(Duration) ...yrs. ...mos. ...ds.

(Signed) C. Watterson, M. D.
(Coroner.)
Aug. 16, 1916. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19...
20-UNDERTAKER	ADDRESS

ROBERT B. KRAUTER COLLEGE OF P. & S. AUG 1916
Commissioner of Health.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97480

CERTIFICATE OF DEATH.

74 C97480

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Collins

(Residence in Baltimore: No. 505 Apples Court St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 3 (Day), 1860 (Year)

7-AGE, 51 yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamer

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Nathaniel Collins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Parker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hardy

(Address) Johns Hopkins Hospital

15-

Filed AUG 17 1916, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 9 1916, to Aug 15 1916, that I saw him alive on Aug 15 1916, and that death occurred, on the date stated above, at 9:00 p.m.

The CAUSE OF DEATH* was as follows:

Brain Hemorrhage

Frontal Lobe

(Duration) 5 yrs. ....mos.....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. 5 mos. 1 ds.

(Signed) W. G. Hardy M. D.

Aug 16, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 505 Apples Court

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem DATE OF BURIAL, Aug 18, 1916.

20-UNDERTAKER Wm J. G. Jackson ADDRESS 1709 Mulliken Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 C97481

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William M. McLean.

(Residence in Baltimore: No. 544 S. Paca St ST.; ....yrs....mos....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	Single

6-DATE OF BIRTH. Feby 17, 1871.
(Month) (Day) (Year)

7-AGE, 45 yrs. 6 mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Teamster
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. J. McLean

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Olivia Sarah

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Martha Hustitt.

(Address)

15- AUG 17 1916 ROBERT P. KRAUTER

Filed ....., 191.... Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 15, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15 1916, to Aug. 15 1916, that I saw him alive on Aug. 15 1916, and that death occurred, on the date stated above, at 7P. m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

Unknown
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) None
(Duration) ....yrs. ....mos. ....ds.

(Signed) Frank C. Mansa M. D.

Aug. 15, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? not Known

Former or usual residence 544 S. Paca St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, Aug 16, 1916

20-UNDERTAKER L. T. Fassett Company ADDRESS 1620 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97482 C97482

CERTIFICATE OF DEATH.

REGISTERED No. C 1175

1-PLACE OF DEATH B+O.

CITY OF BALTIMORE (No. Balto. R.R. & Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Quinn

(Residence in Baltimore: No. 226 S Carey St

St.; 49 yrs., 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June 11th, 1867.
(Month) (Day) (Year)

7-AGE, 49 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer): B+O R.R.

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, John Quinn

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Quinn

(Address) 226 S Carey St

15- AUG 17 1916 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally Crushed to death under B+O R.R. Engine (Chest Crushed in & Fracture of Skull

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Scotland

(Duration) ....yrs....mos....ds.

(Signed) James M Kenton M. D.
(Coroner.)

Aug. 17, 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Aug 18, 1916

20-UNDERTAKER	ADDRESS
John J. Fickle	1207 E. Fairmount Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 97483

CITY OF BALTIMORE (No. 914 Dell St ... St.: N ... WARD)

2-FULL NAME John Stachowski

(Residence in Baltimore: No. 914 ~~Bethel St~~ Dell St ... St.; yrs. 38 mos. 7 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1868 (Year)

7-AGE,	If LESS than 1 day,
48 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany Poland

PARENTS.

10-NAME OF FATHER, Joseph Stachowski

11-BIRTHPLACE OF FATHER (State or Country), Germany Poland

12-MAIDEN NAME OF MOTHER Mary Smendowski

13-BIRTHPLACE OF MOTHER (State or Country), Germany Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Stachowski

(Address) 914 Dell St

15-

Filed Aug 18, 1916 ROBERT B. KRAUTER Deputy Comptroller Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Organic
Struck by a Board
5 hours (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Fracture of scalp

(Duration) ... yrs. ... mos. ... ds.

(Signed) Henry Ryan (Coroner.) M. D.

Aug 17, 1916 (Address) Henry Ryan Funeral Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus	Aug 18, 1916

20-UNDERTAKER	ADDRESS
M. F. Sadowski	905 S. Ann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97484

HEALTH DEPARTMENT—CITY OF BALTIMORE

154 C97484

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 N Mulberry ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A Ehrman

(Residence in Baltimore: No. 921 N Mulberry St St.; 80 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 11, 1836 (Month) (Day) (Year)

7-AGE, 80 yrs. 2 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John Eichelas

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Ruth Penn

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo M Ehrman

(Address) 921 N Mulberry St

15- AUG 18 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1916, to Aug 17 1916, that I saw h[illegible] alive on Aug 17 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H N Bing M. D.

....., 191... (Address) 906 N Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Aug 19, 1916

20-UNDERTAKER H M Rowton

ADDRESS 230 N Green

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

097485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 097485

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 Cloney ST.; 18 WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth D. Schmidt

(Residence in Baltimore: No. 837 Cloney St.; 84 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, October 18, 1831 (Month) (Day) (Year)

7-AGE, 84 yrs. 9 mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) work.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Francis Beutz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Alice Werner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Sauer

(Address) 709 - 11th St. N.E. Wash. D.C.

15-

Filed ....., 191.... AUG 18 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1916, to August 18 1916, that I saw h[illegible] alive on August 17 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

.....

.....Senility.....

..... (Duration) 7 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Rob't J. Murray M. D.

Aug 18, 1916 (Address) 510 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, Aug 20, 1916

20-UNDERTAKER John J. Cowan Son ADDRESS 901 Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97486

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

C97486

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2039 E. North Av St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Markland

(Residence in Baltimore: No. 2039 E. North Av St.; ...yrs. ...mos. ...ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Mch (Month) 10 (Day), 1855 (Year)

7-AGE: 61 yrs. 5 mos. 7 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Co

PARENTS

10-NAME OF FATHER: William T Markland

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Mary Elizabeth Cole

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Markland

(Address) 52 Forrest Park Ave

15-

Filed ..., 191... AUG 18 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3, 1916, to, Aug 17 1916, that I saw him alive on Aug 16 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder 1
Chronic Interstitial Nephritis

(Duration) 3 yrs. ... mos. ... ds.

Contributory (SECONDARY) Carcinoma & Nephritis

(Duration) ... yrs. ... mos. ... ds.

(Signed), A P Carman M. D.

Aug 17, 1916 [Address] 1700 N Caroline

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Aug 19, 1916

20-UNDERTAKER: Wm Cook ADDRESS: 507 E North Ave

C97487

C97487

C97487

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97487

CERTIFICATE OF DEATH

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 413 So. Chapel ST. 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Brown

(Residence in Baltimore: No. 413 S. Chapel St.: 39 yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Mulatto

5-SINGLE, ~~MARRIED~~ WIDOWED OR ~~DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: Aug 15, 1876 (Month) (Day) (Year)

7-AGE: 39 yrs. 11 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Wm Gill

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Martha Holland

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Thos. McCord.

(Address): 413 S. Chapel

15-

Filed AUG 18 1916, 191

L REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 15, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1916, to Aug 15 1916, that I saw h[illegible] alive on Aug 14, 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mes. 3 ds

Contributory (SECONDARY) Oedema of Lungs

(Duration) yrs. mos. 1 ds.

(Signed) A L Tomlinson M. D.

Aug 15, 1916 (Address) 2013 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel

DATE OF BURIAL: Aug 18, 1916

20-UNDERTAKER: Lilly - Zuller

ADDRESS: 408 S. Wolfe

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X135

C97488

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.: 4 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ruhe

(Residence in Baltimore: No. Mercy Hospital St.: .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ~~August~~ May 25, 1883
(Month) (Day) (Year)

7-AGE. 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Fronie Katzenkamp.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Hoffman.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Ruhe

(Address) Fullerton Balto Co.

15- Filed AUG 18 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 16 1916, that I saw her alive on Aug 16 1916, and that death occurred, on the date stated above, at 1.50 a.m.

The CAUSE OF DEATH* was as follows:

Child birth — Premature Separation of Placenta.

..... (Duration) Four hours

CONTRIBUTORY (Secondary) Hemorrhage

..... (Duration) Four hours

(Signed) Edward L. Brandt M. D.

Aug 16, 191.6 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death four mos. four ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Fullerton, Md.

Former or usual residence Fullerton, Md.

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cemetery

DATE OF BURIAL. Aug. 19th, 1916.

20-UNDERTAKER Frederick Lassahn & Sons

ADDRESS Fullerton Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97489 HEALTH DEPARTMENT—CITY OF BALTIMORE C97489

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hosp (St.) 16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel I. Thompson

(Residence in Baltimore: No. 711 N. Fulton ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ..., 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Adjutant

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Dr R. H. Thompson

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Teresa Watson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel I Thompson

(Address) 711 N. Fulton

15- AUG 18 1916 L

Filed ....., 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1916, to Aug 18, 1916, that I saw him alive on Aug 16, 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Myocarditis & Senile Arterio Sclerosis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Edward Nevin M. D.

8-18-, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 21 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 711 N Fulton

19-PLACE OF BURIAL OR REMOVAL, Frederick Md — DATE OF BURIAL, Aug 19, 191.

20-UNDERTAKER W J Tschiesche — ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97490 HEALTH DEPARTMENT--CITY OF BALTIMORE C97490

CERTIFICATE OF DEATH

119

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 166 Dolphin ST.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emmeline Green

(Residence in Baltimore: No. 166 Dolphin St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month), 1 (Day) (Year)

7-AGE: 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: maid
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: John Green

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Routh Jones

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cathe Gold

(Address) 166 Dolphin St

15.

Filed ....., 191 AUG 18 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1916, to Aug 16, 1916, that I saw h[illegible] alive on Aug 15, 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Self-acute Intestinal Nephritis

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY) Pyrocystis Intestinalis

(Duration) 3 yrs. mos. ds.

(Signed) [illegible] M. D.

8/17, 1916 (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion

DATE OF BURIAL: Aug 18, 1916

20-UNDERTAKER: James H Dennis

ADDRESS: 1303 Preston

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97491

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97491

CERTIFICATE OF DEATH.

130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3628 Old York Road St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard J. Hamilton

(Residence in Baltimore: No. 3628 Old York Road St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 23 (Day) 1847 (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 1 mos. 24 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Press Agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

FATHERS.

10-NAME OF FATHER, Neil Hamilton

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Farrigan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Howard Gibson

(Address) 3628 Old York Road

15- AUG 18 1916

Filed....., 191.....

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 16 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to Aug 16 1916, that I saw h im alive on Aug 16 1916, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis and Arteriosclerosis

(Duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 4 ds.

(Signed) Neil Stiffler M. D.

8/17, 1916 (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Aug 19, 1916.
20-UNDERTAKER	ADDRESS
James F Dignan	[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97492

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97492

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2700 Boston St ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph John Kowacki

(Residence in Baltimore: No. 2700 Boston St

St.; yrs. 00 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 3, 1906
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Kowacki

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lena Grochowska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kowacki

(Address) 2700 Boston St

15-

Filed AUG 8 1916, 191.... Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Accident - Fall from Ladder
Asphyxia (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fracture of scapula

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Lyons Duckett M. D.
(Coroner.)

Aug 17, 1916 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	Aug 18, 1916
20-UNDERTAKER	ADDRESS
Stephen Kwiatkowski	1019 S Spring St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97493 — 91 — C97493

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Weisberg

(Residence in Baltimore: No. 1167 E. Lombard St.; ..... yrs., 7 mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 13, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 4 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, David Weisberg

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Dilla Sifton

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Weisberg

(Address) 1167 E. Lombard St

15-

Filed ....., 191.....

AUG 18 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14, 1916, to Aug 18, 1916, that I saw him alive on Aug 18 1916, and that death occurred, on the date stated above, at 10.15 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) ..... yrs. ..... mos. 1/6 ds.

(Signed) N. W. Voss M. D.

Aug 18., 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. 7 mos. 11 ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 1167 E Lombard

19-PLACE OF BURIAL OR REMOVAL, New Washington Cem. — DATE OF BURIAL, Aug 15, 1916

20-UNDERTAKER J. Levinson & Bro — ADDRESS 1167 E Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97494 C97494

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Mooney

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Aug 3, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Mooney

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Helen Wesley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. T. Miller M.D.

(Address) Johns Hopkins Hospital

15-

Filed ....., 191.....

AUG 18 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1916, to Aug 17 1916, that I saw her alive on Aug 17 1916, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. T. Miller M. D.

Aug. 17, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem.	Aug. 18, 1916
20-UNDERTAKER	ADDRESS
Charles B. Jones	231 N. Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97495 — 74 C97495

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Reid

(Residence in Baltimore: No. 1428 Hopewell Court St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state correctly supplied.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August (Month) 26 (Day), 1908 (Year)

7-AGE, 7 yrs. 11 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Reid

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Alberta Carter

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Handy

(Address) Johns Hopkins Hospital

15-

AUG 18 1916

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1916, to August 18 1916, that I saw her alive on August 18 1916, and that death occurred, on the date stated above, at 2 10 a m.

The CAUSE OF DEATH* was as follows:

Brain Tumor (glioma)

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Gilbert A. Bowman M. D.

August 18 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 20 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1428 Hopewell Court

19-PLACE OF BURIAL OR REMOVAL, J. M. Carbon DATE OF BURIAL, Aug 20, 1916

20-UNDERTAKER Clarence E. Wright ADDRESS 614 Main

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97496 64 C97496

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 No. Pulaski st ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mercellia Fortune

(Residence in Baltimore: No. 1806 No. Pulaski st St.; ~~27~~ 77 yrs., ~~6~~ mos. ~~2~~ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be carefully supplied. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, January (Month) 15 (Day), 1838 (Year)

7-AGE, 78 yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Cape May, N. J.

PARENTS.

10-NAME OF FATHER, Emmanuel Gates

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eliza Archer

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James W. Pledge

(Address) 1806 Pulaski St.

15-

AUG 18 1916

Filed....., 191.....

ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11 1916, to August 17 1916, that I saw h[er] alive on August 16 1916, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. W. Holtzman M. D.

Aug 17, 191.. (Address) 2100 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Middletown Pa. DATE OF BURIAL, Aug. 19, 1916

20-UNDERTAKER Jno J. Smith ADDRESS 1600 Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C97497

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97497

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Huntington ave ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Jones

(Residence in Baltimore: No. 2609 Huntington ave St.; life yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 23 (Day), 1907 (Year).

7-AGE, 9 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, David W Jones

11-BIRTHPLACE OF FATHER (State or Country) Balto City

12-MAIDEN NAME OF MOTHER Norma Supp

13-BIRTHPLACE OF MOTHER (State or Country), Balto city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David W Jones

(Address) 2609 Huntington ave.

15-

AUG 18 1916

Filed....., 191.... ROBERT P. BLAUFUSS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 18., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1916, to Aug 18 1916, that I saw her alive on Aug 17 1916, and that death occurred, on the date stated above, at 12.01 a.m.

The CAUSE OF DEATH* was as follows:

Abscess of Brain, following
Mastoid Operations on Right & Left
Mastoids (Duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Septic Pneumonia (Duration) yrs. mos. 1 ds.

(Signed) Albert L Kelley M. D.

Aug 18 1916 (Address) 3.8.4.J. Roland...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge

DATE OF BURIAL, Aug 20, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT, CITY OF BALTIMORE

C97498

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C97498

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 23 E Fort ave ST.: 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo W Butler

(Residence in Baltimore: No. 23 E Fort ave St.: 61 yrs. 6 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb (Month) 6 (Day), 1855 (Year)

7-AGE: 61 yrs. 6 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Amac

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: John Butler

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Ida E Butler

(Address) 23 E Fort ave.

15 Filed AUG 19 1916, 191 ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: aug (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 191 6, to. aug 16 191 6
that I saw h~~im~~alive on aug 16, 191 6,
and that death occurred, on the date stated above. at 2 A m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 8 mos. ..... ds

Contributory (SECONDARY) Respiratory Failure

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) R. L. Campbell M. D.

aug 18, 1916 (Address) 1644 Towanda

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem.

DATE OF BURIAL: 8/18, 191 6

20-UNDERTAKER: J. Finnimally

ADDRESS: 39 E. Fort.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97499 — 56 — C97499

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. ..... City Jail ..... St.: 21 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ..... Edward Engelbach

(Residence in Baltimore: No. 708 McHenry St.,

St.: yrs., 33 mos. 10 ds. 19

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, ... Sept 29th, 1882
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
33 yrs. 10 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Huckster
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), ... Baltimore Md.

PARENTS.

10-NAME OF FATHER, ... George Engelbach

11-BIRTHPLACE OF FATHER (State or Country), ... Baltimore Md.

12-MAIDEN NAME OF MOTHER ..... Anna Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), ... Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Anna M. Engelbach.

(Address) ..... 708 Mc Henry St.

15-

Filed....., 191....

ROBERT RAMSAUER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest .....
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said ..... Inquest .....
(Inquest, autopsy or inquiry.) find that said deceased came to 3:10 death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Congestion of Brain .....

..... Short time .....

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Alcoholism .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Aug 18, 191.6 (Address) ..... 16 S. Bond .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Aug 20, 1916

20-UNDERTAKER ..... Mr. & Mrs. John W. Teufel ..... ADDRESS ..... 801 W. Fayette St.

AUG 19 1916
Burial Permit Clerk

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97500 63+ C97500

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 Wyman av ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Robert Miller

(Residence in Baltimore: No. 216 Wyman ave St.; 2 yrs., 1 mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Sngl

6-DATE OF BIRTH: July (Month) 17 (Day), 1913 (Year)

7-AGE: 3 yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Michael Miller

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Catherine Long-

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Miller

(Address) 216 Wyman Ave

15-

AUG 19 1916

ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1917, to Aug 18 1916, that I saw h.. alive on Aug 18 1916, and that death occurred, on the date stated above, at 1 20 P. m.

The CAUSE OF DEATH* was as follows:

Bulbar-Spinal
Infantile Paralysis

(Duration) .... yrs. .... mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) .... yrs. .... mos. .... ds.

(Signed) Wm D Eagl M. D.

8/18/16, 191... (Address) 729 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Aug 19, 1916

20-UNDERTAKER: Harry W. Ehlen — ADDRESS 1944 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97501 64 C97501

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 S Kenwood ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Radonsky

(Residence in Baltimore: No. 985 S Kenwood ave St. 25 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: Feb 15, 1864 (Month) (Day) (Year)

7-AGE: 52 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Joe. Radonski

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joe Radonski

(Address) 935 S Kenwood Ave

15- AUG 19 1916 ROBERT B. KRAUTER

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 16 1916, that I saw him alive on Aug 16 1916, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) .....yrs. .....mos. 1 ds.

(Signed) Ally J Sagl M. D.

8/16, 1916. (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem

DATE OF BURIAL, Aug. 19, 1916.

20-UNDERTAKER Stephen J Fialkowski

ADDRESS 1019 S Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97502 C97502

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S. Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Slachetka

(Residence in Baltimore: No. 514 S. Bond St.; yrs. 3 mos. 18 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 1 (Day), 1913 (Year)

7-AGE, yrs. 3 mos. 18 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, John Slachetka

11-BIRTHPLACE OF FATHER (State or Country), Galicia Austria

12-MAIDEN NAME OF MOTHER Teofila Slowik

13-BIRTHPLACE OF MOTHER (State or Country), Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Slachetka

(Address) 514 S. Bond St.

15-

Filed AUG 19 1916, 191.

ROBERT R. KRAUTER
BURIAL PERMIT CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 18 1916, that I saw h— alive on Aug 18 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute enteritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Weinberg M. D.

Aug 18, 1916. (Address) 165 Berry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, Aug 19 1916

20-UNDERTAKER William Gallowski ADDRESS 168 Carlin

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97503 104

CERTIFICATE OF DEATH.

REGISTERED NO. C 97503

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S Luzerne ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A Roth

(Residence in Baltimore: No. 715 S Luzerne St.; yrs. 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 10 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
yrs. 2 mos. 8 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Joseph Roth

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Mary Antkowiak

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos Roth

(Address) 715 S Luzerne St.

15- Filed AUG 19 1916, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1916, to Aug 18 1916, that I saw h[illegible] alive on Aug 18 1916, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo D Dieuaide M. D.

Aug 18, 1916 (Address) 2818 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
H. Hamelans	Aug 19, 1916
20-UNDERTAKER	ADDRESS
Wm Fialkowski	1618 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97504 105

CERTIFICATE OF DEATH.

REGISTERED NO. C 97504

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S Luzerne ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Roth

(Residence in Baltimore: No. 715 S Luzerne St.; yrs. 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 10 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
yrs. 2 mos. 8 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Joseph Roth

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Mary Antkowiak

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos Roth

(Address) 715 S Luzerne St.

15- Filed AUG 19 1916, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1916, to Aug 18 1916, that I saw h[illegible] alive on Aug 18 1916, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo D Dieuaide M. D.

Aug 18, 1916 (Address) 2818 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
H. Hamelans	Aug 19, 1916
20-UNDERTAKER	ADDRESS
Wm Fialkowski	1618 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C97504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C97504

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1935 Aisquith ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Marzurkiewicz

(Residence in Baltimore: No. 1935 Aisquith St St.; yrs., mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	single

6-DATE OF BIRTH, July 29, 1916
(Month) (Day) (Year)

7-AGE. ....yrs. 20 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Dyonisky Marzurkiewicz

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Magdolena Kot

13-BIRTHPLACE OF MOTHER (State or Country). Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dyonisky Marzurkiewicz

(Address) 1935 Aisquith St

15- ROBERT E. KRAUTER

Filed AUG 19 1916, 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Dyer Sweeney M. D.
(Coroner.)

Aug 18, 1916. (Address) 610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Aug. 19 1916
20-UNDERTAKER William Fiacsouk	ADDRESS 168 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97505 — 104 C97505

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 Hickory Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estella Doris Whitney

(Residence in Baltimore: No. 3608 Hickory Ave. St.; ..... yrs., 11 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Sept (Month) 12 (Day), 1915 (Year)

7-AGE, ... yrs. 11 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James F. Whitney

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lillie Strawberry

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F. Whitney

(Address) 3608 Hickory Ave

15-

Filed AUG 19 1916, 191.....

ROBERT T. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 15 1916, that I saw her alive on Aug 15 1916, and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

..... Ills-Colitis .....

.....

.....

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

Aug 16, 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Aug 20, 1916

20-UNDERTAKER Horace Burgee & Son — ADDRESS 363 Falls Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97506 105 C97506

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Bruntst ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Pierson

(Residence in Baltimore: No. 1321 Brunt St. 20 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-~~SINGLE, MARRIED, WIDOWED~~ OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH: 8 —, 1871 (Month) (Day) (Year)

7-AGE: 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Pierson

(Address) 1321 Brunt St.

15- AUG 19 1916 ROBERT B. KNESTER

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8-15-16 191.., to 8-18-1916, that I saw h[er] alive on ".. 191.., and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Acute Gastroenteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) debility, diet

(Duration) yrs. 1 mos. ds.

(Signed) F. M. Caudy M. D.

8-18-16, 191.. (Address) 1524 O'Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 21, 1916

20-UNDERTAKER Emanuel Easton — ADDRESS 916 Pennsylvania

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97507 80 C97507

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Brewer St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Manning

(Residence in Baltimore: No. 1104 Brewer St.; 45 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Cd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ... 1881 ....., 1 .....
(Month) (Day) (Year)

7-AGE 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, James L. Manning

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Kly[illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carl Manning

(Address) 1104 Brewer St

15-

Filed ....., 191.....

AUG 19 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 18th, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 15th 1916, to Aug 18th 1916, that I saw h[illegible] alive on Aug 16th 1916, and that death occurred, on the date stated above, at 3 A.M. The CAUSE OF DEATH* was as follows:

Neurolysis of Sciatic (Congenital) 1 Year

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Neurolysis of Sciatic 1 Year

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) A. Lee Ellis M. D.

Aug 18, 1916 (Address) 724 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Brownsville Pa. DATE OF BURIAL, Aug 19, 1916

20-UNDERTAKER Harold Easton ADDRESS 916 Penna Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97508

C97508

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 Oxford ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida V. Foot.

(Residence in Baltimore: No. 535 Oxford St.; yrs., 3 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, January (Month) 1st (Day), 1879 (Year)

7-AGE: 37 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Hand work

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Wm Foot

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Georgina Caldwell

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Foot

(Address) 535 Oxford St.

15-

ROBERT B. KRAUTER

Filed ..... 191.....

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 16th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 16 1916, that I saw her alive on Aug 16 1916, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH was as follows:

Chronic Parenchymatous Nephritis 7 (Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary) Uraemia (Duration) ....yrs. ....mos. 1 ds.

(Signed) Paul Brown M. D.

Aug. 17, 1916. (Address) 1837 Penna Ave

(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery DATE OF BURIAL: Aug. 19th 1916.

20-UNDERTAKER: Felix B. Pyle ADDRESS: 102 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

C97509 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C97309

CERTIFICATE OF DEATH. 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 E- 28th St.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Kirkness Sr

(Residence in Baltimore: No. 326 E- 28th St.; 70 yrs., — mos., — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 20 (Day) 1846 (Year)

7-AGE 69 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Photographer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Kirkness Jr.

(Address) 302 E- 25th Street

15-

Filed ....., 191.... AUG 19 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 18. (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1916, to Aug. 18 1916, that I saw him alive on Aug 17 1916, and that death occurred, on the date stated above, at 2300 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Kidney

(Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) L W Baddeley M. D.

Aug 18, 1916 (Address) 321 E 25 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Aug 20, 1916

20-UNDERTAKER Wilhelm Cook — ADDRESS 303 E North Ave

C97510

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97510

CERTIFICATE OF DEATH.

150

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1350 N. Stockton ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mack.

(Residence in Baltimore: No. 1350 N. Stockton St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug. 9, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER Josephine Mack.

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Spriggs

(Address) 1356 N. Stoddard St.

15-

AUG 19 1916

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage Closure of Ileo Foramen Ovale

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner.)

Aug. 18, 1916 (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Aug. 19, 1916

20-UNDERTAKER James H. Dennis — ADDRESS 330 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97511

CERTIFICATE OF DEATH.

91

C97311

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 Riggs Ct. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Sumwood (Sumrock)

(Residence in Baltimore: No. 15-17 Riggs Ct. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	Infant

6-DATE OF BIRTH, July (Month) 19 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 1 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Robert Sumwood

11-BIRTHPLACE OF FATHER (State or Country), Balto. City Md

12-MAIDEN NAME OF MOTHER Elenor Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Boozle

(Address) 15-13 Riggs Ct.

15- AUG 19 1916

Filed ....., 191.. .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 16 1916, to Aug. 17 1916, that I saw him alive on Aug. 17 1916, and that death occurred, on the date stated above, at 4-V P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. L. McCarthy M. D.

Aug. 18, 1916. (Address) 902 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Aug. 18, 1916
20-UNDERTAKER James H. Dimm	ADDRESS 303 Preston

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C97512

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 West Saratoga St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Amey

(Residence in Baltimore: No. 2028 West Saratoga St. St.; 67 yrs., 6 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Feb. (Month) 8th. (Day), 1849 (Year)

7-AGE, 67 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unkown

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Unkown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Amey

(Address) 2028 West Saratoga St

15- AUG 19 1916 Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 18 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1916, to Aug 18 1916, that I saw him alive on Aug 18 1916, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. 1 mos. ds.

(Signed) Benjamin S. Kadri M. D.

Aug. 19., 1916. (Address) 252 N. Payson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery? DATE OF BURIAL, Aug. 20th, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97513

CERTIFICATE OF DEATH.

15 C97513

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2574 W. Baltimore ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Pfiefer

(Residence in Baltimore: No. 2574 W. Baltimore St. St.: ..... yrs., ½ mos. Hour. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, August 18, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Florence Pfiefer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss F. Pfiefer

(Address) 2574 W. Baltimore St.

15- AUG 19 1916

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, aug 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 1916, to Aug 18 1916, that I saw him alive on Aug 18th 1916, and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Asphixia Neonatorum

half hour

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harris Goldman M. D.

Aug 18., 1916. (Address) 1816 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Eastern Cem. DATE OF BURIAL, Aug. 19, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto St

C97514

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 C97514

REGISTERED No. C .....

B

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 516 N Schroeder St. 18 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Columbia Bohannon

(Residence in Baltimore: No. 515-N Schroeder St. St.: 35 yrs. ..... mos. ..... ds.) in Balto

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: March 12, 1854 (Month) (Day) (Year)

7-AGE: 62 yrs. 5 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Mathews Co., Va

PARENTS

10-NAME OF FATHER: Brady

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Emma Kettle

(Address) 230 E. Eldonor Ave

15-AUG 19 1916 Filed ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 17th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1915, 191 . to. Aug 17th 1916.
that I saw her alive on Aug 15th, 1916.
and that death occurred, on the date stated above, at 11 a m.
The CAUSE OF DEATH* was as follows:
Sarcoma of uterus abdominal & infiltration mass
probably tuberculosis in terminal
(Duration) ..... yrs. 3 mos. 4 months ds

Contributory (SECONDARY) .....
Aug (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Bruning M. D.
Aug 18th 1916 (Address) 100 E. Lan

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 19th, 1916

20-UNDERTAKER: H C Bruning & Son — ADDRESS 517 N Schroeder St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97515

CERTIFICATE OF DEATH.

29 C97515

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Druid Hill Ave St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Stall

(Residence in Baltimore: No. 1212 Druid Hill ave St.; ... yrs., 8 mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Sept 11 (Month) (Day), 1890 (Year)

7-AGE, 25 yrs. 11 mos. 5 ds.

If LESS than 1 day, ... hrs. or ... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Allied Nurse

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Haywood Wright

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Alice Walker

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Brown

(Address) 1212 Dr. Hill Ave

15- AUG 19 1916

Filed ... 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 16th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1916, to Aug 16 1916, that I saw her alive on Aug 16 1916, and that death occurred, on the date stated above, at 9-15 m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) ... yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Paul J Broyer M. D.

Aug 17, 191... (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon — DATE OF BURIAL, 8-20 191 6

20-UNDERTAKER Samuel J Kennedy — ADDRESS 578 N Bdle

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C97516

C97516 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 580 on ford ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Roberts

(Residence in Baltimore: No. 580 on ford St.; 3 yrs., 5 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Mch. 10th, 1913 (Month) (Day) (Year)

7-AGE, 3 yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Chen
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balt. City

PARENTS.

10-NAME OF FATHER, Percy Robert

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rosa White

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Percy Roberts

(Address) 580 Ontario St.

15- AUG 19 1916

Filed ..... 191.. /Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 18th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 10th 1916, to Aug 18th 1916, that I saw h alive on Aug. 18th 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Enteric Dis.

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

8/18, 191.6 (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 8/19 191.6

20-UNDERTAKER Samuel J. Handley — ADDRESS 578 W. Pratt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97517

CERTIFICATE OF DEATH.

183

REGISTERED NO. C 97517

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Jewish Hospital St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Isobell

(Residence in Baltimore: No. 1702 [redacted] Carlyle Place St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Mar	Beh	Mard

6-DATE OF BIRTH, [illegible] 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
35 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Joseph Isobell,

11-BIRTHPLACE OF FATHER (State or Country), Balto,

12-MAIDEN NAME OF MOTHER Berkan

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Stevens

(Address) 814 Vine St

15- AUG 19 1916 Filed ..... 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 15 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide by Cutting instrument, inflicted not Known

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Finck Insley M. D. (Coroner.)

191... (Address) 4 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1702 Carlyle pl.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore, Md	Aug 19 19 16
20-UNDERTAKER	ADDRESS
Samuel Shewsberry	578 N Eutaw

C97518

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105

C97518

C97518

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 C97518

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 120 N. Howard ST.: 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Hart

(Residence in Baltimore: No. 120 N. Howard St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ... (Month) ... (Day) 1871 (Year)

7-AGE: 45 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: John Hannon

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Hart

(Address) 417 Light St.

15.

Filed ..., 191 ... Aug 21 1916 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 18 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to Aug 15 1916 that I saw h[illegible] alive on Aug 17, 1916 and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

... (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Exhaustion

... (Duration) ... yrs. ... mos. 3 ds.

(Signed) R. F. Cumpston M. D.

Aug, 191[illegible] (Address) 1644 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Aug 21 1916

20-UNDERTAKER: [illegible] — ADDRESS: 1515 Eager

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

C97519

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97519

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1904 E. Madison ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert P. Crozier

(Residence in Baltimore: No. 1904 E. Madison St.; 63 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. (Month) 10" (Day), 1853 (Year)

7-AGE, 63 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Mobile. Ala.

PARENTS.

10-NAME OF FATHER, John R. Crozier

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Elizabeth McKee

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Chamberlain

(Address) 1904 E. Madison St.

15- Aug 18 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 17" (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916, to Aug 17 1916, that I saw h[illegible] alive on Aug 17 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) ?

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. F. Stanton M. D.

Aug. 18., 191.6 (Address) 125 S. N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Aug. 20., 191.6

20-UNDERTAKER Geo M. Finn ADDRESS 811 N Wolfe

Spec.—5-19-13—M. & T.—500 Bks.

C97520

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97520

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Brice St. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Jungen

(Residence in Baltimore: No. 823 Brice St.; ....yrs., 8 mos. 12 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF DIVORCE, ...Dec.... (Month) 5 (Day) 1915 (Year)

7-AGE, ...yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Francis B. Unger

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Margaret A. Dunn

13-BIRTHPLACE OF MOTHER (State or Country), Canada

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis B. Unger

(Address) 823 Brice St

15- [redacted]

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 18th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28th 1916, to Aug 18th 1916, that I saw h.. alive on Aug 17th 1916, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Dysentery

(Gastroenteritis)

..... (Duration)..... yrs..... mos. 2 1/ de.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration)..... yrs..... mos..... ds.

(Signed) Jos. Kimball M. D.

Aug 18th 1916 (Address) 1201 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Aug. 19th, 1916.

20-UNDERTAKER John Fields

ADDRESS 1200 W Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 157 C97521

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 678 Haw. ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William Silack.

(Residence in Baltimore: No. 678 Haw. St.: 47 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Sept 4, 1841
(Month) (Day) (Year)

7-AGE, 74 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Silack

(Address) 678 Haw.

15-

Filed....., 191.... AUG 19 1916

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains deserlbed above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation from hanging

(Suicide) (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Albert L. Driscoll M. D.
(Coroner.)

Aug 19, 1916 (Address) 312 N Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	Aug 21, 1916
20-UNDERTAKER	ADDRESS
Jos Jordens & Son	217 S. Paca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97522 C97522

CERTIFICATE OF DEATH.

REGISTERED NO. C 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida McNeal

(Residence in Baltimore: No. 1804 Lancaster St St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 25 (Day), 1869 (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Francis Olliver

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Mary Gibbs

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Tracy

(Address) Johns Hopkins Hospital

15-

Filed ....., 191.... AUG 16 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH August (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 14 1916, to August 18 1916, that I saw her alive on August 18 1916, and that death occurred, on the date stated above, at 9.00 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism
(Operation 4 days ago for a large cystic myoma of Uterus)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. S. Holmes M. D.

August 18, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. 4 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1804 Lancaster St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Aug. 21, 1916.

20-UNDERTAKER Wm Cook — ADDRESS 502 North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97523 Klein # 733 — C97523

37 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Brentwood St. or 2d WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin H Kavanaugh

(Residence in Baltimore: No. 1200 Brentwood Ave St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, July (Month) 23 (Day), 1914 (Year)

7-AGE, yrs. mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Martin P Kavanaugh

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Catherine L Dean

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin H Kavanaugh

(Address) 1200 Brentwood Ave

15-

Filed AUG 19 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 13 1916, to Aug 16 1916, that I saw him alive on Aug 16 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Fever.

(Duration) yrs. mos. 26 ds.

CONTRIBUTORY. (Secondary) Appendicitis and Pulmonary Hemorrhage (Duration) yrs. mos. 14 ds.

(Signed) A. L. Hornstein M. D.

8/18, 1916. (Address) 733 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Aug 19, 1916

20-UNDERTAKER M Fahey & Son — ADDRESS 216 Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97324

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97324

CERTIFICATE OF DEATH.

104

REGISTERED No. C

D

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1609 Rockney ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. McNamara Sr

(Residence in Baltimore: No. 1609 Rockney St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Mal	Col	Single

6-DATE OF BIRTH, June 24, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 2 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt. Md

PARENTS.

10-NAME OF FATHER, John E. McNamara Sr

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Fannie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1609 Rockney St

15-

AUG 19 1916

Filed....., 191....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Diarrhoea & Heat

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Whitehurst M. D.
(Coroner.)

Aug. 16, 1916. (Address) 1921 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs. 1 mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Here

19-PLACE OF BURIAL OR REMOVAL, Mt Hope

DATE OF BURIAL, Aug 17, 1916

20-UNDERTAKER Lawrence E. Wright

ADDRESS 1364 Park Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks

Spec.—8-24-14—M. & T.—2000 Bks.

C97525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99 C97525

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Central Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Sheldon

(Residence in Baltimore: No. 1031 Central Ave St.; Life yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Child

6-DATE OF BIRTH, August (Month) 4 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Sheldon

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER May Logue

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Sheldon

(Address) 1031 Central Ave

15-

AUG 18 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 13th 1916, to Aug 17th 1916, that I saw h[illegible] alive on Aug 15th 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

.....Stomatitis.....

..... (Duration) .....yrs. .....mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) .....yrs. .....mos. 11 ds.

(Signed) C. C. Bishop M. D.

Aug 17th 1916 (Address) 15th & Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Aug 19, 1916.

20-UNDERTAKER Elmer W. Conklin ADDRESS 1008 Harford Ave City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97526

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John O'Neill Jr

(Residence in Baltimore: No. 1009 N. Broadway St.; Life yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Jan (Month) 12 (Day), 1888 (Year)

7-AGE, 28 yrs. 7 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship pilot
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John R. C. Neill Sr.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Blume

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John R. C. Neill Sr.

(Address) 1009 N. Broadway

15- AUG 19 1916

Filed 8/19, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1916, to Aug 18 1916, that I saw him alive on Aug 18 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

Not known (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute oedema of lung 24 hrs (Duration) yrs. mos. ds.

(Signed) H. W. Voorhees M. D.

8/18, 191.6 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 1009 N Broadway

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 21, 1916

20-UNDERTAKER Holt & Turner — ADDRESS 1442 N Bdy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C97527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C97527

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 190 N Gross ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Thos Hirts

(Residence in Baltimore: No. 190 N Gross St.) 70 yrs. 7 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, ... (Month) Jan 6 (Day), 1846 (Year)

7-AGE: 70 yrs. 7 mos. 12 ds.
If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Jno Hirts
11-BIRTHPLACE OF FATHER (State or Country): Penn'a
12-MAIDEN NAME OF MOTHER: Ellen Francis
13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) E L Hirts
(Address) 190 N Gross St.

15-
Filed AUG 19 1916 191
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Aug (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 191 6, to Aug 18 191 6, that I saw h[illegible] alive on Aug 17 191 6, and that death occurred, on the date stated above, at 11.15a m.

The CAUSE OF DEATH* was as follows:
Exhaustion
(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Chronic Nephritis
(Duration) yrs. 6 mos. ds.

(Signed) John D Dorsey M. D.
Aug 18 1916 (Address) 1170 W Lemmon St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Aug 21, 1916.
20-UNDERTAKER	ADDRESS
Robt T Turner	1442 N Brady

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97528

HEALTH DEPARTMENT—CITY OF BALTIMORE

42

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2365 McCulloh ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Wanless

(Residence in Baltimore: No. 2365 McCulloh St.; Lifetime, yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow,

6-DATE OF BIRTH, Aug. (Month) 11th. (Day) 1859. (Year)

7-AGE, 57 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None,
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Abraham Myer,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Fannie Bautner,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Myer,

(Address) 2365 McCulloh

15-

Filed AUG 19 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19th 191, to Aug 19th 1916, that I saw her alive on Aug 19th 1916, and that death occurred, on the date stated above, at 8.30A m.

The CAUSE OF DEATH* was as follows:

a Carcinoma Uteri

(Duration) yrs. 6 mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. Horn M. D.

Aug. 19th, 1916. (Address) 40 E. 35th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oheb Shalom, DATE OF BURIAL, Aug. 21. 1916

20-UNDERTAKER Harris Sondheim ADDRESS 1911 N. Mt. Royal

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97529 C97529

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 Division ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Jackson

(Residence in Baltimore: No. 1335 Division St.; ..yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... (Month) Oct (Day) ..... (Year) 1869

7-AGE, 46 yrs. 10 mos. ..... ds. If LESS than 1 day, ...hrs. or .....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Dont Known

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Fannie Driggo

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt. J. Jackson

(Address) 1335 Division St

15- AUG 19 1916

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 17 1916, that I saw her alive on Aug 17 1916, and that death occurred, on the date stated above, at 4:20 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) C. Bailey Hughes M. D.

Aug 18, 191 6 (Address) 1143 27th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Aug. 20, 1916

20-UNDERTAKER John A. Smith — ADDRESS 117 Virginia

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97530

CERTIFICATE OF DEATH.

C97530

REGISTERED NO. C 189

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 E. Church St.; 72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Long

(Residence in Baltimore: No. 105 E. Church St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug. (Month) 6 (Day), 1910 (Year)

7-AGE, 1 yrs. 13 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Francis Long

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Amelia Nilley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Amelia Long

(Address) 105 Church St.

15-

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 191 6, to Aug 19 191 6, that I saw her alive on Aug 19 191 6, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Mal-nutrition

(Duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Enteritis

(Duration) yrs. mos. 2 ds.

(Signed) R. L. Campbell M. D.

Aug. 19 191 6 (Address) 1644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL. Aug 19., 1916.

20-UNDERTAKER F. A. Krause

ADDRESS 703 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97531 C97531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 ×109

REGISTERED NO. C.....

1-PLACE OF DEATH Womans Hospital -

CITY OF BALTIMORE: (No. Lafayette Ave & John St. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Angelina Mc Kintoosh

(Residence in Baltimore: No. Womens Hospital St.; ....yrs., ...mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Maried

6-DATE OF BIRTH, ...July.... (Month) ....17.... (Day), 1860 (Year)

7-AGE, ...56.... yrs. ....7.... mos. ....5.... ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Housewife.....
(b) General nature of industry, business, or establishment in which employed (or employer).....At Home.....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Charles Cunard

11-BIRTHPLACE OF FATHER (State or Country), U S

12-MAIDEN NAME OF MOTHER, Margaret Rawlings

13-BIRTHPLACE OF MOTHER (State or Country), U S

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....R.F. Silvestes.....

(Address).....Womans Hospital

15- AUG 9 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...August.... (Month) ....17.... (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 15 1916, to August 17 1916, that I saw h er alive on August 19th 1916, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

.....Intestinal obstruction.....

.....

.....

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) .....Inguinal hernia.....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed).....R.F. Silvestes.....M. D.

....., 191... (Address)...Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. 1 ds.

Where was disease contracted, if not at place of death? Middleburg

Former or usual residence Middleburg

19-PLACE OF BURIAL OR REMOVAL, Middleburg Va. DATE OF BURIAL, Aug. 19, 1916

20-UNDERTAKER Jos B Coole ADDRESS 1003 a Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97532 C97532

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Beech Ave. St., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Albert Link.

(Residence in Baltimore: No. 3411 Beech Ave St.; 47 yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. 17, 1869 (Month) (Day) (Year)

7-AGE, 47 yrs. — mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cement Finish
(b) General nature of industry, business, or establishment in which employed (or employer) Business

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Philip Link.

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Helena Estrath

13-BIRTHPLACE OF MOTHER (State or Country), Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helena Link

(Address) 1313 W North Ave

15- Filed AUG 19 1916, 191 ROBERT E. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug - 18 -, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14th 1915, to Aug 18th 1916, that I saw h alive on Aug 18th 1916, and that death occurred, on the date stated above, at 6.50 P.M.

The CAUSE OF DEATH* was as follows: Cerebrospinal due to Interstitial Nephritis and Uremic poisoning Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver Unknown (Duration) yrs. mos. ds.

(Signed) J. A. Link M. D.

Aug 18, 1916 (Address) 1313 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Aug. 21, 1916

20-UNDERTAKER P. Fitzpatrick ADDRESS 2433 North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97533 Raymond T. Wallace Jr

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 151 15

CITY OF BALTIMORE: (No. 1719 N. Payson St. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond T. Wallace Jr.

(Residence in Baltimore: No. 1719 N. Payson St St.; yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Boy

6-DATE OF BIRTH August 18, 1916 (Month) (Day) (Year)

7-AGE — yrs. — mos. — ds. If LESS than 1 day, 3 hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto. Md.

PARENTS

10-NAME OF FATHER Raymond T. Wallace

11-BIRTHPLACE OF FATHER (State or country) Knoxville Tenn

12-MAIDEN NAME OF MOTHER Bessie Strange

13-BIRTHPLACE OF MOTHER (State or country) Knoxville Tenn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Raymond T Wallace

(Address) 1719 N. Payson St

15- Filed AUG 19 1916, 191 — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH August 18, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1916, to, Aug 18 1916, that I saw him alive on Aug 18 1916, and that death occurred, on the date stated above, at 9.15, m.

The CAUSE OF DEATH* was as follows:

Prematurity Child about 7 mo +

(Duration) yrs mos ds.

Contributory (SECONDARY) Cy Lanston

(Duration) yrs mos ds.

(Signed) Henry C Houck M. D.

Aug 18 1916 [Address] 1716 Forest Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Aug 19 1916

20-UNDERTAKER: Harry W. Ehlen — ADDRESS: W. North Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97534

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97534

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C97534

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 418 N. Dallas ST. 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert H. Murray

(Residence in Baltimore: No. 418 N. Dallas St.: 22 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec (Month) 25 (Day) 1832 (Year)

7-AGE: 83 yrs. 7 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Day labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Wright

(Address) 425 N Durham St

15 Filed AUG 20 1916 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 8 (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-15-, 1916, to 8-17- 1916
that I saw him alive on 8-17- 1916
and that death occurred, on the date stated above, at 10 3/4 m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Mitral Stenosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. C. Corbett M. D.

8-18, 1916 (Address) 196 Fairmount Ave E

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel cemetery — DATE OF BURIAL: aug. 20 1916

20-UNDERTAKER: Melton. Davis — ADDRESS: 1608 Mc Elderry St

B C97535

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97535

CERTIFICATE OF DEATH.

REGISTERED NO. C 179

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hahnemann Hospital ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Unknown

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, About 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) No one

(Address)

15- AUG 20 1916 Filed....., 191.. ROBERT R. KRAUTER Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 16 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fracture

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. McAlvin M. D. (Coroner.)

Aug. 17, 1916. (Address) 5 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, AUG ....., 19....
20-UNDERTAKER	ADDRESS

Morgue

UNIVERSITY OF MARYLAND

FOR ANATOMICAL PURPOSES.

C97536

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C97536

REGISTERED NO. C .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully and fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1321 Dayton) ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno R. Jones

(Residence in Baltimore: No. 132 N. Dayton St.) St.: ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE ... yrs. ... mos. 17 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: William Joanes

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Ella Blake

13-BIRTHPLACE OF MOTHER (State or country): Essex Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Joanes

(Address) 1321 Dayton st

15. AUG 20 1916 Filed ..... 191 ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ..... Aug (Month) 19 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1916, to Aug 19 1916, that I saw h[illegible] alive on Aug 19, 1916, and that death occurred, on the date stated above, at 5.30P m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

Convulsions

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Convulsions

(Duration) ... yrs. ... mos. 2 ds.

(Signed), J. L. Hooper M. D.

Aug 20, 1916. (Address) 917 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.
Where was disease contracted, if not at place of death?							
Former or usual residence							

19-PLACE OF BURIAL OR REMOVAL: Essex Co Va — DATE OF BURIAL: Aug 20, 1916

20-UNDERTAKER: Wilbert Brown — ADDRESS 306 N. Mount st.

B

C97537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

*78

C97537

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. "S.S. Dara" Port Covington 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kirman Govind.

(Residence in Baltimore: No. S.S. Dara Port Covington St.; yrs. mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	Hindoo	Married

6-DATE OF BIRTH, Don't know, 1 (Month) (Day) (Year)

7-AGE, 26 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Dir East India

PARENTS.

10-NAME OF FATHER,	Don't know.
11-BIRTHPLACE OF FATHER (State or Country),	Don't know.
12-MAIDEN NAME OF MOTHER	Don't know
13-BIRTHPLACE OF MOTHER (State or Country),	Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Fernandes.

(Address) S.S. Dara

15- Filed AUG 20 1916, 191.... ROBERT E. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of the Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. M. Kemmerer M. D. (Coroner.)

Aug. 19, 1916 (Address) 1017 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Aug 20th, 1916
20-UNDERTAKER Joseph P. Cook	ADDRESS 1003 N. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C97538

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97538

CERTIFICATE OF DEATH

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S Stricker ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Kay Stricker

(Residence in Baltimore: No. 220 S. Stricker St.; yrs.. mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 12, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo Kay

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Mildred Long

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Kay

(Address) 220 S Stricker

15-

Filed AUG 30 1916 191.. ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12 1916, to Aug 18 1916, that I saw h alive on Aug 18 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth

7 months Gest

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Weakness

(Duration) ... yrs. ... mos. 7 ds.

(Signed) Joseph E. Price M. D.

Aug 19, 191.. (Address) 1510 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Aug. 20, 1916

20-UNDERTAKER A. Jones — ADDRESS 207 S. Stricker St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

P C97539 — 104 — C97539

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Jackson ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Adonis Alacum

(Residence in Baltimore: No. 1424 Jackson St.: ....yrs., 6 mos., 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb. 7, 1910 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
....yrs. 6 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. J. Alacum

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co. Md

12-MAIDEN NAME OF MOTHER Ada Mathews

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada Alacum

(Address) 1424 Jackson St

15- AUG 20 1916 Filed....., 191.....

ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 19, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1916, to Aug. 19 1916, that I saw h[illegible] alive on Aug. 19 1916, and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

.....

Enteritis

.....

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. T. Seabury M. D.

Aug. 19, 1916. (Address) 621 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	8/21, 1916
20-UNDERTAKER	ADDRESS
J. F. McCully	39 E. Fort Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

7

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

W C97540

CERTIFICATE OF DEATH.

81 C97540

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 E. Hamburg ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James N. Pearson

(Residence in Baltimore: No. 227 E. Hamburg. St. 81 yrs., 6 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, (Month) Feby (Day) 1 (Year) 1836

7-AGE, 81 yrs. 6 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work P. O. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Levy Pearson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Roach

(Address) 1571 Hollins St

15- Filed AUG 20 1916 ROBERT E. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Aug (Day) 18, (Year) 1916

17. I HEREBY CERTIFY, That I attended deceased from June 18 1916, to Aug 18 1916, that I saw h[illegible] alive on Aug 18 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

1 Arterio Sclerosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Senile debility

(Duration) yrs. 2 mos. ds.

(Signed) W. H. Hammon Coach M. D.

Aug 19, 1916 (Address) 835 Lyt St E.P.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, MOUNT OLIVET

DATE OF BURIAL, AUG 20 1916

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97541

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97541

CERTIFICATE OF DEATH.

167

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward M. Cline,

(Residence in Baltimore: No. 1226 Hollins St. 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 23, 1890
(Month) (Day) (Year)

7-AGE, 26 4 26
.....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)..... B & O R R

9-BIRTHPLACE, (State or Country), West Va

PARENTS.

10-NAME OF FATHER, John H. Cline

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Hannah J Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hannah Cline
(Address) 1226 Hollins

15-
Filed AUG 20 1916, 191.....
ROBERT R. KRAUTER
Burial Permit
Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Extensive burns, Caused by falling in vat of Lye at B & O R R. accidental

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Albert D Driscoll M. D.
(Coroner)
Aug 20, 1916. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 2 ds. In the State 8 yrs.....mos.....ds.
Where was disease contracted, if not at place of death?..... B. & O. R. R.
Former or usual residence 1226 Hollins St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loraine Cemetery	Aug 21, 1916

20-UNDERTAKER John J. Fields ADDRESS 1200 E Lombard st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97542

CERTIFICATE OF DEATH.

28 C97542

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N. Dallas ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac DeFuss

(Residence in Baltimore: No. 117 N Dallas St.; 60 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, Oct ..... (Month) ..... (Day) 1874 (Year)

7-AGE. 41 yrs. 10 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer .....

9-BIRTHPLACE, (State or Country), Md

PARENTS'

10-NAME OF FATHER, Joseph Defuss

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E. Pack

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma J. Dorsey .....

(Address) 1439 Orleans .....

15- Filed AUG 20 1916 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5, 1916, to Aug 17, 1916, that I saw him alive on Aug 17, 1916, and that death occurred, on the date stated above, at 4A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

.....

.....

..... (Duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Richard L. Easlinger M. D.

Aug. 17, 1916 (Address) 1524 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Arbury Center	Aug 21st, 1916
20-UNDERTAKER	ADDRESS
Thos. E. Bailey	321 Fulton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97543

CERTIFICATE OF DEATH.

28 C97543

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1550 Boyle ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Harzberger Jr

(Residence in Baltimore: No. 1552 Boyle Street St.; 7 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Jan (Month) 11 (Day), 1887 (Year)

7-AGE, 27 yrs. 7 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Asst Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): R.R. Yard

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, George H. Harzberger

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Kate Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Harzberger

(Address) 1550 Boyle Street

15-

Filed AUG 20 1916, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1916, to Aug 19 1916, that I saw h[illegible] alive on Aug 19 1916, and that death occurred, on the date stated above, at 9 10 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Indefinate

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) R. L. Campbell M. D.

Aug 19, 1916 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	Aug 22, 1916.
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE.

CERTIFICATE OF DEATH

15 C97544 — 176 C97544

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No 1840 W Mulberry St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levi L. Burton

(Residence in Baltimore: No. 1840 W Mulberry St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) ..... (Day), 1854 (Year)

7-AGE: 62 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Levi Burton

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Lucy Bruce

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary J Burton

(Address) 1840 W Mulberry

15- Filed AUG 20 1916 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2, 1916, to, Aug 18 1916, that I saw h im alive on Aug 17 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

General Arterio-sclerosis

(Duration) 2 yrs ..... mos ..... ds.

Contributory (SECONDARY) Subacute Prostatitis

(Duration) ..... yrs 7 mos. ..... ds.

(Signed), H S M Card M. D.

Aug 19, 1916 [Address] 2005 Hillen

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Aug 20 1916

20-UNDERTAKER: Wm H Case & Son — ADDRESS: 1108 Mosher St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 097545

CERTIFICATE OF DEATH.

28 097545

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N Dallas ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Crunnie

(Residence in Baltimore: No. 606 N Dallas St.; 4 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 ..... (Month) (Day) (Year)

7-AGE, 37 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Greenville S. C.

PARENTS.

10-NAME OF FATHER, Jonnie Mackie

11-BIRTHPLACE OF FATHER (State or Country), Greenville S.C.

12-MAIDEN NAME OF MOTHER Harriett Payton

13-BIRTHPLACE OF MOTHER (State or Country), Greenville S.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Crunnie

(Address) 606 N. Dallas St.

15- ROBERT R. KRAUTER

Filed AUG 20 1916, 191.. BURIAL PERMIT Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 18 1916, that I saw h[illegible] alive on Aug 18 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

Influenza

(Duration) ..... yrs. ..... mos. ....., ds.

CONTRIBUTORY (Secondary) Tubercular Meningitis

(Duration) ..... yrs. 1 mos. 2 ds.

(Signed) Edward Fisher M. D.

8/19, 1916 (Address) 1612 E. Monument St

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery

DATE OF BURIAL, Aug 21, 1916

20-UNDERTAKER R. L. Gross

ADDRESS 1407 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97546 — CERTIFICATE OF DEATH. — REGISTERED NO. C 29 — C97546

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 N. Spring ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B Jones.

(Residence in Baltimore: No. 712 N. Spring — St. Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, 67 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Steel Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Lewis Jones

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca Mason

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Virgie Jones

(Address) 712 N. Spring St.

15- Filed AUG. 20. 1916, 191... ROBERT E. KRAUTER Deputy Health Commissioner. Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to August 17 1916, that I saw h.. alive on August 16 1916, and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

..... Pulm. Bronchitis

..... (Duration) ..yrs. 2 mos. ..ds.

CONTRIBUTORY (Secondary) ..... Arteriosclerosis

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) Wade H. White M. D.

Aug 19, 1916 (Address) 1101 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Aspery Cemetery — DATE OF BURIAL, Aug. 20. 1916.

20-UNDERTAKER R. C. Gross — ADDRESS 140 S McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

13 C97547

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97547

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 Light ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Wicklein

(Residence in Baltimore: No. 1716 Light Street St.; 40 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December 8th (Month) (Day), 1875 (Year)

7-AGE, 40 yrs. 8 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... See Business
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Lemard Wicklein

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah M. Marshall

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Wicklein

(Address) 1716 Light St

15- Filed AUG 20 1916, 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1— 1916, to Aug 19th 1916, that I saw him alive on Aug 18th 1916, and that death occurred, on the date stated above, at 08 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ..... yrs. 4 mos. ..... ds.

(Signed) H. Klutz M. D.

Aug 19, 1916 (Address) 1212 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Aug 21, 1916.

20-UNDERTAKER Margaret E. Flynn

ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 097548 — 30.61 — 097548

CERTIFICATE OF DEATH.

REGISTERED No. C 18

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Cookesie St ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Elenore Schley

(Residence in Baltimore: No. 1416 Cookesie St St.; ....yrs., 7 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January (Month) 2nd (Day) 1916 (Year)

7-AGE, ...yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles R. Schley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Mackiviez

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- ROBERT R. KRAUTER

Filed AUG 20 1916 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14th 1916, to Aug 19th 1916, that I saw her alive on Aug 19 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Meningitis

..... (Duration).....yrs.....mos...5...ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration).....yrs.....mos.....ds.

(Signed) Harry Tony M. D.

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem. DATE OF BURIAL, Aug 21, 1916.

20-UNDERTAKER Margaret X E Flynn ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97549

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C97549

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1421 Patapsco St.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Charles Cathell

(Residence in Baltimore: No. 1421 Patapsco St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: February (Month) 16th (Day), 1847. (Year)

7-AGE: 69 yrs. 6 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Boiler Maker.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Lena Cathell

(Address) 1421 Patapsco St.

15-

Filed AUG 20 1916 191 ROBERT B. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1916, to, Aug 17 1916, that I saw h[illegible] alive on Aug 17 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(Duration) 0 yrs 0 mos. 5 ds.

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos ..... ds.

(Signed), John H. Grinhaus M. D.

Aug 18 1916 [Address] 3100 Harford Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Trinity Cemetery — DATE OF BURIAL: Aug 20th 1916

20-UNDERTAKER: Margaret G. Flynn — ADDRESS: 1422 Light St

C97550

HEALTH DEPARTMENT--CITY OF BALTIMORE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97550

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

78 C97550

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1120 Riggs ave St. 24 WARD)

2-FULL NAME Annie Teresa Garland

(Residence in Baltimore: No. 1120 Riggs ave St.; 50 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6 DATE OF BIRTH: Feb. (Month) (Day), 1866 (Year)

7 AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Joseph Garland

11 BIRTHPLACE OF FATHER (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Kane.

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Flynn
(Address) 1120 Riggs ave

15 Filed AUG 20 1916 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1916, to Aug 17 1916, that I saw h[er] alive on Aug 17 1916, and that death occurred, on the date stated above, at 7:10 p.m.
The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) Exophthalmic Goitre

(Duration) yrs. 2 mos. ds.

(Signed) C. M. Biddle M. D.

Aug 18 1916 (Address) 1279 Williams

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: Aug 21st 1916

20 UNDERTAKER: Margaret V. Flynn — ADDRESS: 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97551

CERTIFICATE OF DEATH.

92 C97551

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 N. Potomac ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bearnd Mathisen

(Residence in Baltimore: No. 136 N. Potomac St.; ....yrs.,....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September 10, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 11 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Lawrence Mathisen

11-BIRTHPLACE OF FATHER (State or Country), Norway

12-MAIDEN NAME OF MOTHER Tilda Sorenson

13-BIRTHPLACE OF MOTHER (State or Country), Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence Madisen

(Address) 136 N. Potomac St

15-

Filed AUG 20 1916, 191.....

ROBERT B. KRAUTER
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17, 191..., to Aug 19 191 6, that I saw h[illegible] alive on Aug 19 191 6, and that death occurred, on the date stated above, at 3 m.

The CAUSE OF DEATH* was as follows: 9

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elias P. Kelly M. D.

8/19/16 191... (Address) 40 E Eat Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetary

DATE OF BURIAL, Aug 20, 191...

20-UNDERTAKER Christian Miller

ADDRESS 1334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

C97552

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97552

CERTIFICATE OF DEATH.

47

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infy ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Benton Rowland

(Residence in Baltimore: No. 7-E-Eager St St.; [redacted] yrs., 10 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, September 26, 1854
(Month) (Day) (Year)

7-AGE, 61 yrs. 10 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Levin Benton

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Ashcatell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. Stonebraker

(Address) Hagerstown Md

15-

Filed AUG 20 1916, 191.....

ROBERT B. KRAUTER
Burial Perm. Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 1916, to August 19 1916, that I saw her alive on August 19 1916, and that death occurred, on the date stated above, at 9.30 p m.

The CAUSE OF DEATH* was as follows:

Fibroma of Ovary
Sarcoma of Ovaries (Autopsy)
Tuberculosis of Kidney
Abscess of Kidney (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Partial Thrombosis.
(Duration) ... yrs. ... mos. ? ds.

(Signed) Horace W. Boyer M. D.
Aug. 17, 1916. (Address) Church Home Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 1 mos. 28 ds. In the State 61 yrs. 10 mos. 24 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 7-E-Eager Strt

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Aug. 21, 1916

20-UNDERTAKER Edw. Hillown Compy — ADDRESS 1837 W. Mt. Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

B 097553

HEALTH DEPARTMENT—CITY OF BALTIMORE

097553

CERTIFICATE OF DEATH.

Streeter 28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Belt ave St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Streeter

(Residence in Baltimore: No. 1803 Belt ave St.; 20 yrs., 3 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 8th, 1896
(Month) (Day) (Year)

7-AGE, 20 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George R. Hagner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Laura A. Dilks

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura A. Hagner

(Address) 1803 Belt Ave.

15- Filed AUG 20 1916 191 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to Aug 18 1916, that I saw her alive on Aug 18 1916, and that death occurred, on the date stated above, at 3.25 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) yrs. mos. 1 ds.

(Signed) R. P. Campbell M. D.

Aug 18, 191 6 (Address) 1644 Hanover St

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Aug 21, 1916

20-UNDERTAKER C & B Harle ADDRESS 115 E. West St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER; WITH CARBONS FOR THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97554

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97554

CERTIFICATE OF DEATH.

143

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Schulman

(Residence in Baltimore: No. 12 S. Bond St St.; 8 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. May — (Month) (Day), 1908 (Year)

7-AGE. 8 yrs. 3 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Baltimore

PARENTS.

10-NAME OF FATHER, Aushel Schulman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rose Rothman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Schulman

(Address) Johns Hopkins Hospital

15- ROBERT B. KRAUTER

Filed AUG 20 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 18 1916, to August 20 1916, that I saw her alive on August 20 1916, and that death occurred, on the date stated above, at 9.40 a. m.

The CAUSE OF DEATH* was as follows:

Septicemia

Probably from small furuncle, outer right leg.

(Duration) yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Kenneth F. Maxcy M. D.

Aug. 20, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 12 S. Bond St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 8/20 1916

20-UNDERTAKER Jack Leurs — ADDRESS 411 E Balto

(Over)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 097555 154 097555

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Clarkson ST.: 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Latcham

(Residence in Baltimore: No. 1521 Clarkson St.; 80 yrs. ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Aug (Month) 10 (Day), 1830 (Year)

7-AGE, 86 yrs. ... mos. 9 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ... Carpenter

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Latcham

(Address) 131 E Randall

15- Filed AUG 20 1916, 191... ROBERT E. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 191 6, to Aug 19 191 6, that I saw h[illegible] alive on Aug 19 191 6, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Senility, old age

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

(Signed) R. H. Campbell M. D.

Aug 19, 191 6 (Address) 1644 Hanover St,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, Aug 21, 1916

20-UNDERTAKER Mrs F. E. Evans & Son — ADDRESS 1428 S. Charles St

C97556

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97556

CERTIFICATE OF DEATH

40

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1609 Bolton Street — St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Ferguson Van Bibber Tabb —

(Residence in Baltimore: No. 1609 Bolton Street — St.; 46 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Oct. 23, (Month) (Day), 1848 (Year)

7-AGE: 67 yrs. 7 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: Austin F. Ferguson

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Jane Tabb

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Phillip M. Tabb Jr

(Address) 1609 Bolton St.

15- Filed AUG 20 1916 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916 to Aug 18 1916.

that I saw h Ex alive on Aug 17 1916.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma —

about 1 yrs. ..... mos. ..... ds
(Duration)

Contributory (SECONDARY) Anaemia

(Duration) — yrs. Some mos. — ds.

(Signed) Chas Lamond M. D.

Aug 19, 1916 (Address) 1327 East Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Aug 21, 1916

20-UNDERTAKER: E M Mitchell & Co — ADDRESS: 1201 W Lafayette St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97557 45 C97557

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Gaither Bowie

(Residence in Baltimore: No. 1403 Madison Ave St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 9, 1869
(Month) (Day) (Year)

7-AGE, 47 yrs. 0 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Frederick Co. Md

PARENTS.

10-NAME OF FATHER, Geo. Gaither

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah K. Poole

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Col. W. Bowie

(Address) 1403 Madison Ave

15- ROBERT R. KRAUTER

Filed AUG 20 1916 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of brain due to
accidental fall —
from steps (Duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.

(Signed) W. S. Fulton M. D.
(Coroner.)

Aug 20, 1916 (Address) 1623 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Uniontown Md. — DATE OF BURIAL, Aug 22 1916

20-UNDERTAKER E. M. Mitchell & Co — ADDRESS 1201 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97558 91 C97558

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 128 Jackson Pl. St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Freida Dubinsky

(Residence in Baltimore: No. 128 Jackson Pl. St.; 6 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1865 (Year)

7-AGE, 51 yrs. 8 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Ephraim Feldman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Freda Porter

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) I. Fieldman

(Address) 1816 Fairmount Ave

15-

Filed AUG 21 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Aug 20 1916, that I saw h alive on Aug 20 1916, and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. 1 ds.

(Signed) Jonas A. Bond M. D.

Aug 20, 191... (Address) 3402 Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 8/21, 191 6

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C97559

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97559

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 S. Spring ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Pearl Grossman

(Residence in Baltimore: No. 113 S. Spring St. St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH Unknown ....., 1869
(Month) (Day) (Year)

7-AGE, 47 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Moses Grossman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St

15-

Filed ....., 191.. AUG 21 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1915, to Aug 19 1916, that I saw h~~er~~ alive on ....., 191., and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Diabetes

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Old age

..... (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) A. J. Krug M. D.

Aug 20, 1916. (Address) 914 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Hessen Ave — DATE OF BURIAL, 8/21, 191.6

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E. Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97560 HEALTH DEPARTMENT--CITY OF BALTIMORE C97560

CERTIFICATE OF DEATH

104

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2033 Booth St. 20 WARD)

REGISTERED No. C .....

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mibed J. Spiegel

(Residence in Baltimore: No. 2033 Booth St St.; yrs. 5 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX female

4-COLOR OR RACE White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH February 24, 1916 (Month) (Day) (Year)

7-AGE ..... yrs. 5 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto

PARENTS

10-NAME OF FATHER Lewis A. Spiegel

11-BIRTHPLACE OF FATHER (State or country) Balto

12-MAIDEN NAME OF MOTHER Minnie Eisenbraugh

13-BIRTHPLACE OF MOTHER (State or country) Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lewis A. Spiegel

(Address) 2033 Booth St

15.

Filed AUG 21 1916, 191 L

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug — 19, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 7 1916, to Aug 19 1916, that I saw her alive on Aug 19, 1916, and that death occurred, on the date stated above, at 12:10 p m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 13 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C Wallis Hemming M. D.

Aug 19, 1916 (Address) 2000 Wallis St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Western Cemetery

DATE OF BURIAL Aug 21, 1916

20-UNDERTAKER Geo L. Schmidt & Bro

ADDRESS 2101 Eutaw Ave

C97561

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97561

CERTIFICATE OF DEATH.

169

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier 4 Pratt St. ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Peley

(Residence in Baltimore: No. 1016 Bismarck St.: 10 yrs., X mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, April 5th, 1906
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
10 yrs. 4 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Anthony J. Peley

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa A. Rosier

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Peley

(Address) 1016 Ansonia

15-

Filed....., 191.. AUG 21 1916

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned

Accidental

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) W. T. Peley (Coroner.) M. D.

Aug 20, 1916 (Address) 1633 Bruce

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Aug. 22, 1916
20-UNDERTAKER Henry Hook Son	ADDRESS 130 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97562 C97562

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Hillman ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Riley

(Residence in Baltimore: No. 928 Hillman St.; 65 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, August (Month) 15 (Day) 1846 (Year)

7-AGE, 70 yrs. — mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Finnigan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Riley

(Address) 928 Hillman St.

15- AUG 2 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 20 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1916, to Aug 20 1916, that I saw h— alive on Aug 19 1916, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

.....

.....

..... (Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)- Acute Conjestion

Uraemia (Duration) yrs. mos. 2 ds.

(Signed) James M. Benton M. D.

Aug 20 1916 (Address) 700 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Aug. 22, 1916.

20-UNDERTAKER Henry Houck & Son — ADDRESS 1301 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

C97563 HEALTH DEPARTMENT—CITY OF BALTIMORE C97563

CERTIFICATE OF DEATH.

REGISTERED No. C 13142

1-PLACE OF DEATH 506 N. 36 St.

CITY OF BALTIMORE: (No. ..... St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W. Harper Sr.

(Residence in Baltimore: No. 506 N. 36 St. St.; 65 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (~~Write~~ the word.) widower

6-DATE OF BIRTH, Aug. 23., 1830 (Month) (Day) (Year)

7-AGE, 85 yrs. 11 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Retired

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, William W. Harper

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), ,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William W. Harper Jr.

(Address) .....

15-

Filed ....., 191.. AUG 21 1916 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19 19, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Aug 20 1916, that I saw h~~im~~ alive on Aug 19 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Gangrene of foot
(Inoperable)
(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac weakness
(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) J. Blair M. D.

Aug 20 1916. (Address) 865 N. 36 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Marys Hampden — DATE OF BURIAL, Aug 21, 1916

20-UNDERTAKER Emmert & Son — ADDRESS 3617 Chestnut Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 79

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Church Home & Infy ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adrian Oudesluys (Oudesluys)

(Residence in Baltimore: No. Church Home & Infirmary St.; 69 yrs. 5 mos. 23 ds.)
1219 McCulloh St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feby 28, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. 5 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Straw Goods

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas. L. Oudesluys

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Wales

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Laura L. Oudesluys

(Address) 1219 McCulloh St

15- AUG 21 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 29 1916, to August 20 1916, that I saw h im alive on August 20 1916, and that death occurred, on the date stated above, at 9 45 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

Senility

(Duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency.

(Duration) yrs. — mos. 2 ds.

(Signed) Horace W. Byrnes M. D.

Aug 20, 1916. (Address) Church Home & Infy.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 2 mos. — ds. In the State 69 yrs. 5 mos. 23 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1219 McCulloh ST

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery

DATE OF BURIAL, Aug....., 1916

20-UNDERTAKER Stewart Mowen Co.

ADDRESS 1018 W. Fort Ave

C97565

HEALTH DEPARTMENT---CITY OF BALTIMORE

C97565

HEALTH DEPARTMENT---CITY OF BALTIMORE

28

C97565

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2967 Cedar Av ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Hershey

(Residence in Baltimore: No. 2967 Cedar Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Mar. (Month) 26 (Day), 1857 (Year)

7-AGE: 59 yrs. 4 mos. 23 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Ry Conductor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Pa

PARENTS

10-NAME OF FATHER: H. L. Hershey

11-BIRTHPLACE OF FATHER (State or country): Pa

12-MAIDEN NAME OF MOTHER: Barbra McBride

13-BIRTHPLACE OF MOTHER (State or country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Hershey

(Address) 2967 Cedar Ave

15-

Filed ..... 191 ..... AUG 21 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan, 1916, to, Aug 19 1916, that I saw him alive on Aug 19 1916, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs mos. ds.

Contributory (SECONDARY) Cardiac Asthenia

(Duration) ..... yrs ..... mos. 2 ds.

(Signed) [illegible] M. D.

Aug 21 1916 [Address] 3435 Clinton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Mary Cemetery — DATE OF BURIAL: Aug 21, 1916

20-UNDERTAKER: A S Marshall — ADDRESS: 3089 Falls Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C97566

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97566

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 S. Kenwood Ave. St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Doerer

(Residence in Baltimore: No. 1023 S Kenwood Ave St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	single

6-DATE OF BIRTH, Oct (Month) 3 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 10 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John L. Doerr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Carrie Worsham

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Doerr

(Address) 1023 S. Kenwood Ave.

15-

Filed....., 191.....

AUG 21 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1916, to Aug 19 1916, that I saw h[illegible] alive on Aug 19 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

.....Uraemic Coma.....

.....

..... (Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) N. B. Fulton M. D.

Aug 20 1916 (Address) 3035 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Bonnie Brae

DATE OF BURIAL, Aug. 21, 1916

20-UNDERTAKER Stephen J. Fialkowski

ADDRESS 1019 S Kenwood Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97567

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97567

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH 419 St. Mary's St.

CITY OF BALTIMORE: (No. 419 St. Mary's ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Cravin

(Residence in Baltimore: No. 419 St. Mary's St.; ..... yrs., ... mos. 4 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) 16 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore - Md.

PARENTS.

10-NAME OF FATHER, Wm. Henry Cravin

11-BIRTHPLACE OF FATHER (State or Country), Jamaica

12-MAIDEN NAME OF MOTHER Jennie Johnston

13-BIRTHPLACE OF MOTHER (State or Country), Alex. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Cravin

(Address) 419 St. Mary's St

15-

Filed ....., 191.... AUG 21 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 20 1916, that I saw her alive on Aug 16th 1916, and that death occurred, on the date stated above, at 1.20 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Elmer Wesselhoeft M. D.

8-20-, 191.6 (Address) 2nd General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 21, 191.6

20-UNDERTAKER Harold Easton — ADDRESS 9 E Pa Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97568

CERTIFICATE OF DEATH.

31 C97568

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Bolton ST.; 14 WARD)

2-FULL NAME Estella M Hilton

(Residence in Baltimore: No. 1618 Bolton St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 65 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May (Month) 20 (Day), 1851 (Year)

7-AGE, 65 yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William H. Small

11-BIRTHPLACE OF FATHER (State or Country). Charleston S C.

12-MAIDEN NAME OF MOTHER Agnes S. Pentz

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eleanor T. Hellen

(Address) 1618 Bolton St

15-

Filed....., 191.... AUG 21 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 18th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May, 1916, to Aug. 18th 1916, that I saw h[illegible] alive on Aug 18 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Hardening

(Duration) yrs. mos. 1 ds.

(Signed) Frank T. Mowry M. D.

Aug. 19th, 1916. (Address) 1500 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Aug. 21, 1916

20-UNDERTAKER John B. Spence — ADDRESS, 1325 N. Caroline St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97569

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97569

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian A. Hoffman

(Residence in Baltimore: No. 624 Hanover St St.; ..... yrs. life mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, Sept (Month) 8 (Day), 1904 (Year)

7-AGE, 11 yrs. 11 mos. 11 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edw A Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary K Ambel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address)

15- AUG 21 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1916, to Aug 19 1916, that I saw h last alive on Aug 19 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

General Suppuration Peritonitis

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Post-pneumonical Lymphadenitis unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S Ferris Gant M. D.

8/19, 191.6 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State Life mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 624 Hanover St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem.	Aug 22, 1916
20-UNDERTAKER	ADDRESS
Fred A Krause Per A.K.	703 Hanover St

HEALTH DEPARTMENT—CITY OF BALTIMORE

097570

CERTIFICATE OF DEATH.

097570

REGISTERED No. C 172

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 15 Jewish Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Joseph Brendel

(Residence in Baltimore: No. 612 S Bethel St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, ...Oct..... 6th, 1859
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
45 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Brendel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Cathrens Brendel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Brendel

(Address) 9 W Wolfe

15- Filed AUG 21 1916 , 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Fall

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. R. Quiley M. D.
(Coroner)

Aug 17, 16 (Address) 21 E Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

1116 E Lemmon Ave

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug 22, 1916
20-UNDERTAKER	ADDRESS
Wendel Apple & Son	378 Park

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97571

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97571

CERTIFICATE OF DEATH

36

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1732 Gough St. St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis T. Nilsen

(Residence in Baltimore: No. 1732 Gough St St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: September (Month) 2 (Day), 1915 (Year)

7-AGE: ..... yrs. 11 mos. 17 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Thomas Nilsen

11-BIRTHPLACE OF FATHER (State or country): Norway

12-MAIDEN NAME OF MOTHER: Mary Chaney

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Chaney

(Address) 1732 Gough St

15- Filed AUG 21 1916, ... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5, 1916, to, Aug 19 1916, that I saw h[illegible] alive on Aug 18 1916, and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Rickets

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (SECONDARY) Enteritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos C Blade M. D.

8/21, 191 [illegible]. [Address] 1427 N Gilmor

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cem — DATE OF BURIAL: August 23 1916

20-UNDERTAKER: Wendel Rupp — ADDRESS: 37 S Carey St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

No C97572

CERTIFICATE OF DEATH.

144 C97572

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hassis Jakacas

(Residence in Baltimore: No. 526 W. Baltimore St. 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) — (Day) — (Year) 1883

7-AGE, 31 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Greece

PARENTS.

10-NAME OF FATHER, Hadjos Jamacos

11-BIRTHPLACE OF FATHER (State or Country), Greece

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), Greece.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Canadas

(Address) 526 Balto.

15-

Filed AUG 21 1916, 191 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 21 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8-9-1916, to 8-21 1916, that I saw him alive on 8-21 1916, and that death occurred, on the date stated above, at 2-30 m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cellulitis of Leg

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) J. C. Hobbs M. D.

8-24, 1916 (Address) Union Mem. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Aug 22, 1916.

20-UNDERTAKER Robt V Brooks & Son ADDRESS 17 Scarlett

R. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97573

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97573

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 Abbottson St.; 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Sc. Kemp

(Residence in Baltimore: No. 1543 Abbottson St.; 56 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 12, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER, William Kemp

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Julia Demmes

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Haberlander

(Address) 1543 Abbottson

15-

Filed AUG 21 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 19th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to Aug 9th 1916, that I saw h[er] alive on Aug 8th 1916, and that death occurred, on the date stated above, at 9:25 P m.

The CAUSE OF DEATH* was as follows:

a.....

Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas E Lentz M. D.

Aug 21 1916. (Address) 1419 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Aug 23, 1916

20-UNDERTAKER William Cook ADDRESS 502 North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Lentz 1419 E Eager

Dr Rennard. 704 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

C97574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 C97574

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N Washington St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mara Holzheid

(Residence in Baltimore: No. 9 N Washington St. St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, May 7, 1838. (Month) (Day) (Year)

7-AGE, 77 yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Reich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Hellie Holzheid

(Address) 9 N Washington

15-

Filed ....., 191... AUG 21 1916 L

Registrar.

Dr Rennard 704 Eutaw St

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1916, to August 20 1916, that I saw ... alive on August 20 1916, and that death occurred, on the date stated above, at 9 ... M.

The CAUSE OF DEATH* was as follows:

Old age

Senile Debility

(Duration) ... yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Uremia Poisoning

(Duration) ... yrs. 1 mos. 5 ds.

(Signed) D. H. W. ... M. D.

August 21 1916 (Address) 704 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug 22, 1916

20-UNDERTAKER Lowe Cook — ADDRESS 1018 E Baltimore

R. R.—Entry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97575 C97575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Bank St ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thadeus Balcerowicz

(Residence in Baltimore: No. 2117 Bank St St.; ....yrs., 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	~~Single~~

6-DATE OF BIRTH, Nov. (Month) 13 (Day), 1915 (Year)

7-AGE, ...yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Andrew Balcerowicz

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Stanislawa Belczynska

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Balcerowicz

(Address) 2117 Bank St

15- Filed AUG 21 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 20 1916, that I saw him alive on Aug 20 1916, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Cerebro Meningitis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Klenke M. D.

Aug 20, 1916. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Aug 22 1916

20-UNDERTAKER William Fiaskowski ADDRESS 1617 Eastern Ave

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C97576

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97376

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Bank. ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Wieczynski

(Residence in Baltimore: No. 2015 Bank St. St.; 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec (Month) Not Known (Day), 1883 (Year)

7-AGE, 33 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Glue Factory

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Mateusz Wieczynski

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Ewa Mulewska

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Wieczynska

(Address) 2015 Bank St.

15-

Filed..... 191.....

AUG 21 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to Aug 21 1916, that I saw h[illegible] alive on Aug 20 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ? yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Aug 21, 1916 (Address) 2013 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Aug 24 1916

20-UNDERTAKER William Gialkowski ADDRESS 1618 Eastern

— a24 —

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97577

CERTIFICATE OF DEATH.

14 79

C97577

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Penna Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Wallace

(Residence in Baltimore: No. 1915 Penna Ave St.; 66 yrs. 10 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 10 (Month) (Day), 1849 (Year)

7-AGE, 66 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Wallace

11-BIRTHPLACE OF FATHER (State or Country), Dorsetshire

12-MAIDEN NAME OF MOTHER Mary Lindsay

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. L. Wallace

(Address) 9 Seton Place Md

15- Arlington D C

Filed....., 191... AUG 21 1916 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1916, to Aug 19 1916, that I saw him alive on Aug 19 1916, and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

Coronary Heart disease

Chronic Bronchitis

..... (Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Distress

..... (Duration) ....yrs. 6 mos. ....ds.

(Signed) Jno. E. Lamp M. D.

Aug 19, 1916 (Address) 740 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, Aug 22nd 1916

20-UNDERTAKER Bertram Bloke — ADDRESS 1723 W Lafayette Ave

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97578

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

63+ 15

C97578

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3808 Dalrymple Ave ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carroll L. Cole Jr

(Residence in Baltimore: No. 3808 Dalrymple Ave. ..... St. ..... Life ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: May (Month) 20th (Day), 1908 (Year)

7-AGE: 8 yrs. 3 mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: Carroll L. Cole

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Pearl Gilmore

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carroll L. Cole

(Address) 3808 Dalrymple Ave

15- AUG 21 1916

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20, 1916, to, Aug 20 1916, that I saw h[illegible] alive on Aug 20 1916, and that death occurred, on the date stated above, at 11[illegible] m.

The CAUSE OF DEATH* was as follows:

Respiratory Paralysis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Acute Bronchitis

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Arthur L. Thompson M. D.

Aug 21 1916 [Address] 2806 Garrison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Aug 21st, 1916

20-UNDERTAKER: E. M. Mitchell & Co.

ADDRESS: 1201 W. Fayette

C97579 HEALTH DEPARTMENT--CITY OF BALTIMORE C97579

C97579 HEALTH DEPARTMENT--CITY OF BALTIMORE C97579

CERTIFICATE OF DEATH

13 151

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 236 S. Caroline 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Abbott

(Residence in Baltimore: No. 236 S. Caroline St.; yrs. 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Child

6-DATE OF BIRTH June 9, 1916 (Month) (Day) (Year)

7-AGE — yrs. 2 mos. 12 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: Albert Abbott

11-BIRTHPLACE OF FATHER (State or country): Balto.

12-MAIDEN NAME OF MOTHER: Hattie Peters

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Abbott

(Address) 236 S. Caroline St

15- Filed AUG 21 1916, 191 — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug. (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1916, to Aug. 21 1916, that I saw h-- alive on Aug 19, 1916, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) yrs. 2 mos. 12 ds

Contributory (SECONDARY) Inanition

(Duration) yrs. 2 mos. 12 ds.

(Signed) M. D. Ko Helena M. D.

Aug 21st, 1916. (Address) 1731 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Trinity — DATE OF BURIAL: Aug 21, 1916

20-UNDERTAKER: Wendell Lippel & Co. — ADDRESS: 330 S. Broadway

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH ONE SIDE RULED FOR INK. THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

B C97580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x126 C97580

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Hazlett

(Residence in Baltimore: No. 17 days Johns Hopkins Hosp St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ALL should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 15 (Day), 1851. (Year)

7-AGE, 65 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Hazlett

11-BIRTHPLACE OF FATHER (State or Country), ~~Md~~ Pennsylvania

12-MAIDEN NAME OF MOTHER Ellen Bell Tate

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hardy

(Address) Johns Hopkins Hospital

15-

Filed AUG 21 1916, 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 4 1916 to August 21 1916, that I saw h.m alive on August 21 1916, and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate
Pneumonia
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia
(Duration) yrs. mos. ds.

(Signed) J. Edward Burns M. D.

Aug 21, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. mos. 17 ds. In the State ✓ yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Rocks Md

19-PLACE OF BURIAL OR REMOVAL, Wm Wallace Memorial

DATE OF BURIAL, Aug 23 1916

20-UNDERTAKER E G Kurtz & Son

ADDRESS Jarrettsville Md

HEALTH DEPARTMENT--CITY OF BALTIMORE

B C97581 C97581

CERTIFICATE OF DEATH

79

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1065 Druid Hill Ave ST.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel L. Hartman

(Residence in Baltimore: No. 1065 Druid Hill Ave St.; ..... yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: May (Month) 7 (Day), 1846 (Year)

7-AGE: 70 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: ..... (b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Jerry Allen

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Myers

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Allen

(Address) 69 Russell St Baltimore

15- Filed AUG 21 1916 191 ROBERT L. [illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 19 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1916, to Aug 19 1916 that I saw h— alive on Aug 18, 1916, and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows: Cardiac Dilatation Valvular

..... (Duration) ..... yrs. ..... mos. 9 ds

Contributory (SECONDARY) Heart Failure

..... (Duration) ..... yrs. ..... mos. 9 ds.

(Signed) C H Flowers M. D.

Aug 19, 1916 (Address) 712 S. Mount St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: Aug 22, 1916

20-UNDERTAKER: Saml F Stanley | ADDRESS: 5 N. Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97582

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97582

CERTIFICATE OF DEATH.

143

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Hartlaner

(Residence in Baltimore: No. Westport, Md. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Feb 22 and 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Henry Hartlaner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Amanda Straits

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Hartlaner

(Address) 522 W. Conway St.

15- Filed AUG 21 1916 191.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 19 1916, that I saw him alive on Aug 19 1916, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Streptococcic Septicemia

..... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Multiple Furuncles

Cocsis ..... (Duration) ....yrs. 2 mos. ....ds.

(Signed) Frank C. Marino M. D.

Aug 21, 1916 (Address) Baltimore Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Westport, Md.

19-PLACE OF BURIAL OR REMOVAL, Balto. Cemetery

DATE OF BURIAL Aug 22nd 191...

20-UNDERTAKER Philip Seewald & Son

ADDRESS 1725 E. Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C97583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C97583

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N Calvert ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Arthur Wanner

(Residence in Baltimore: No. 801 N Calvert St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 17, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 30 hrs. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Geo W. Wanner

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Kath Helfenbein

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W. Wanner

(Address) 801 N Calvert St

15- AUG 21 1916 Filed....., 191.... ROBERT R. KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8.17 1916, to 8.19 1916, that I saw him alive on 8.19 1916, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Dysentery

(Duration) 3 hrs.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. J. Burlington M. D.

8.19, 191.. (Address) 1026 E Fort ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mathews — DATE OF BURIAL, Aug 21, 1916

20-UNDERTAKER Wm J. Tucker & Sons — ADDRESS Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 097584 C97584 × 63

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Bettin

(Residence in Baltimore: No. Johns Hopkins Hosp 9 months 4 days St.; 32 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 1, 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. 9 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Heyman Bettin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Etta Fatch

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Farley

(Address) Johns Hopkins Hospital

15-

Filed AUG 21 1916 ROBERT R. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 17 1915, to August 21 1916, that I saw him alive on August 21 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Spinal Cord Tumor

..... (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) General debility

..... (Duration) yrs. 6 mos. ds.

(Signed) [illegible] M. D.

Aug. 21, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. 9 mos. 4 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death?

Former or usual residence 9a Constitution St Victoria Texas

19-PLACE OF BURIAL OR REMOVAL, Victoria Texas — DATE OF BURIAL, Aug. 24, 1916.

20-UNDERTAKER [illegible] Sons & Bro — ADDRESS 1607 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 C97585

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 Park Ave. ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Graves Engle

(Residence in Baltimore: No. 1933 Park Ave. St.; 10 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, January (Month) 29th (Day), 1876 (Year)

7-AGE, 38 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Auditor
(b) General nature of industry, business, or establishment in which employed (or employer): Consolidation Coal Co

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Edwin Engle

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER Katherine Zimmerman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Celaude Zimmerman

(Address) 18 a.f. N. Calvert St

15-

ROBERT R. KRAUTER

Filed AUG 21 1916 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1915, to August 20, 1916, that I saw h[illegible] alive on " 19 1916, and that death occurred, on the date stated above, at 5.0 p.m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Groin

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(Duration) 1 yrs. 11 mos. 2 ds.

(Signed) George A. Hartman M. D.

Aug. 21..., 191... (Address) 1124 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem

DATE OF BURIAL, ..., 191...

20-UNDERTAKER Howard Jenkins & Sons Co 1426 Eastern Ave & Orchard Sts.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Bertie Roberg.

C97586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54

C97586

REGISTERED NO. C 97586

1-PLACE OF DEATH Union Protestant Infirmary

CITY OF BALTIMORE: (No. 1514 Division St. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs August Roberg (Bertie)

(Residence in Baltimore: No. 1402 E. Ford ave. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July 22, 1874
(Month) (Day) (Year)

7-AGE, 42 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Herman Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Matilda Dorn

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Roberg

(Address) 1402 E Ford ave

15- AUG 21 1916, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1916, to Aug 19 1916, that I saw her alive on Aug 18 1916, and that death occurred, on the date stated above, at 9.43 Am.

The CAUSE OF DEATH* was as follows:

Pernicious anaemia

..... (Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Decubitus ulcer

..... (Duration) ..... yrs. 1 mos. 10 ds.

(Signed) R. F. Kieffer M. D.

Aug. 19., 191.6 (Address) U. S. I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 7 ds. In the State yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mt Lebanon Cem. DATE OF BURIAL, Aug 22, 191..

20-UNDERTAKER Jos. B. Turner ADD... Aug

CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

097387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B

1-PLACE OF DEATH St Joseph's Hospital x 120 097387

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Caton Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes A Shea

(Residence in Baltimore: No. Towson Md St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 10, 1867
(Month) (Day) (Year)

7-AGE. 49 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Towson Md

PARENTS.

10-NAME OF FATHER. Thos Kelly

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER. Mary Ann Ryan

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James W Shea

(Address) Luthervill Md

15-AUG 21 1916 Filed....., 191.... ROBERT E. KRAUTZ Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to Aug 19 1916, that I saw h.r alive on Aug 18 1916, and that death occurred, on the date stated above, at 1.15 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Contusion
Nephritis + arteriosclerosis
.....
(Duration) ....yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) A. W. Thomas M. D.

Aug ..., 1916 (Address) St Jos Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loyola Md

DATE OF BURIAL, Aug 22, 1916

20-UNDERTAKER R H & J Turner

ADDRESS N Eutaw & Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97588

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97588

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 903 Elm Pl. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Anderson

(Residence in Baltimore: No. 703 Elm Pl. St.; 0 yrs. 0 mos. 0 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be carefully supplied. PHYSICIANS should state EXACTLY.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 11 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Anderson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Henrietta Whatcoat

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Anderson

(Address) 703 Elm Pl.

15- ROBERT R. KRAUTER

Filed AUG 21 1916 1916 ..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Aug 21 1916, that I saw her alive on Aug 21 1916, and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis (Premature)

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Watt M. D.

Aug 21, 1916 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Aug 22, 1916

20-UNDERTAKER Sam'l Ottenberg — ADDRESS 5 N. Gay St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97589 14 C97589

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 W. Mulberry St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Fury

(Residence in Baltimore: No. 1626 W. Mulberry St.; 80 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state AGE in years, months and days EXACTLY.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, May (Month) 24th (Day) 1826 (Year)

7-AGE, 90 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Watchman

9-BIRTHPLACE, (State or Country) Cincinnati Ohio

PARENTS.

10-NAME OF FATHER, James J. Fury.

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Mary J. Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles H. Fury

(Address) 1107 Myrtle Ave.

15- Filed AUG 21 1916 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 20th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 14 1916, to Aug. 19 1916, that I saw h[illegible] alive on Aug. 19 1916, and that death occurred, on the date stated above, at 6:20 p.m.

The CAUSE OF DEATH* was as follows:

Senility

Acute Catarrhal (Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. 14 ds.

(Signed) H. B. Kraut M. D.

8-20 191.6 (Address) 606 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug., 1916.

20-UNDERTAKER Mrs. Mrs. John H. Deufel

ADDRESS 20 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97590 — CERTIFICATE OF DEATH. — 170 C97590

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Light St. ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Parker

(Residence in Baltimore: No. 1011 Light St. St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Fem.	White	Widow

6-DATE OF BIRTH, March 18th, 1847 (Month) (Day) (Year)

7-AGE, 74 yrs. 5 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jefferson Free

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Stewart

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Parker

(Address) 1613 Patterson Park Ave

15- Filed AUG 21 1916, 191.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to Aug 21 1916, that I saw h[illegible] alive on Aug 21 1916, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

(Signed) Jas. F. O'Donnell M. D.

Aug 21, 191.6 (Address) 107 E. West St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Aug 24., 1916.
20-UNDERTAKER Margaret G. & Flynn	ADDRESS 1422 Light St

Jacob M. Buckey

HEALTH DEPARTMENT—CITY OF BALTIMORE

E97591

E97591

CERTIFICATE OF DEATH.

REGISTERED No. C 15 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2104 Walbrook ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob M Buckey

(Residence in Baltimore: No. 2104 Walbrook ave St.; yrs., none mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Jan 5, 1850 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 7 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Milk Rec'ds

9-BIRTHPLACE, (State or Country), Balt, Md

PARENTS.

10-NAME OF FATHER, Charles Buckey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mark Kraus

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Buckey

(Address) 2104 Walbrook ave

15- Filed AUG 21 1916, 191... ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

Uremia

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Not known

(Duration) ... yrs. ... mos. ... ds.

(Signed) G. Lyle Kilgour M. D. (Coroner.)

Aug 21, 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). Born

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Aug 23, 1916

20-UNDERTAKER Valley A. Ehlen ADDRESS 1942 W. North Ave

Katherine Becker

Katherine Becker

HEALTH DEPARTMENT--CITY OF BALTIMORE

697592

CERTIFICATE OF DEATH.

170 697592

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1812 Hanford ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kaukum Becker

(Residence in Baltimore: No. 1812 Hanford St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fema

4-COLOR OR RACE: Wh

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH: June (Month) 16 (Day), 1882 (Year)

7-AGE: 34 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Peter Schebelem

11-BIRTHPLACE OF FATHER (State or Country): France

12-MAIDEN NAME OF MOTHER: Susemca

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Becker

(Address) 1812 Hanford

15- AUG 21 1916 Filed....., 191.... ROBERT J. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Aug (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Tubercular Nephritis

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) C. K. Quinlan (Coroner.) M. D.

8 19, 1916 (Address) 1812 Hanford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: August 22 1916

20-UNDERTAKER: George L. Ruth

ADDRESS: 1735 Harford ave

Spec.—8-24-14—M. & T.—2000 Bks.

C97593 HEALTH DEPARTMENT—CITY OF BALTIMORE C97593

B

CERTIFICATE OF DEATH.

REGISTERED NO. C 1528

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Presbury ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Barrett

(Residence in Baltimore: No. 1708 Presbury St.; 3 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 1st, 1882 (Month) (Day) (Year)

7-AGE, 33 yrs. 10 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Chemical Works

9-BIRTHPLACE, (State or Country), Belair Md.

PARENTS.

10-NAME OF FATHER, George Barrett

11-BIRTHPLACE OF FATHER (State or Country), Belair Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Belair Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Stevenson

(Address) 1708 Presbury St

15-

Filed AUG 22 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16th 1916, to Aug 19th 1916, that I saw h im alive on Aug 19th 1916, and that death occurred, on the date stated above, at 5 45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) — yrs. — mos. 1 ds.

(Signed) William J. Sullivan M. D.

Aug 20th, 1916. (Address) 1701 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Beaumont Cem

DATE OF BURIAL, Aug 22 1916.

20-UNDERTAKER Lawrence E. Duffy

ADDRESS 1301 Mary

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

697594

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1235 Argyle Ave. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Silghman

(Residence in Baltimore: No. 1235 Argyle ave St.; 12 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, July 15th, 1846 (Month) (Day) (Year)

7-AGE, 70 yrs. 1 mos. 8 ds.

If LESS than 1 day, ... hrs. or ... mln.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jas. Tamoway

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Maria Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Horace E Silghman

(Address) 1235 Argyle Ave

15-

Filed ..... 191. AUG 22 1916 Registrar. Z

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1916, to Aug 21 1916, that I saw h e alive on Aug 21 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Organic Heart Disease
(Mitral Insufficiency)

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Paul Brown M. D.

Aug 21, 1916 (Address) 1837 Ruma Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, Aug 23 1916

20-UNDERTAKER Clarence E Wright — ADDRESS 1364 Mc Cay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97595

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97595

CERTIFICATE OF DEATH

91

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 3315 Pain St. ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. H. Redman

(Residence in Baltimore: No. 3315 Pain St St.: ..... yrs. 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: July (Month) 26, (Day) 1915 (Year)

7-AGE: ..... yrs. ..... mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Isaac E. Redman

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Lillian Justice

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Lillian Redman

(Address) 3315 Pain St.

15

Filed ..... 191 AUG 22 1916 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 21st (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 13th, 1916, to Aug 21 1916, that I saw him alive on Aug 21, 1916, and that death occurred, on the date stated above, at 2.30 p m.
The CAUSE OF DEATH* was as follows:

Broncho pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Empyema

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed), Benjamin Kodan M. D.

Aug 21, 1916. (Address) 252 N. Payson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Ft Marcy Hampden — DATE OF BURIAL: Aug 22 1916

20-UNDERTAKER: Clemmer & Son — ADDRESS: 3617 Chestnut ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97396 C97396

CERTIFICATE OF DEATH.

152

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 W. Mulberry ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Louise Albi

(Residence in Baltimore: No. 929 W. Mulberry St.; no yrs., no mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	infant

6-DATE OF BIRTH, August (Month) 15 (Day), 1916 (Year).

7-AGE, no yrs. no mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Carmello Albi

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Angelina Armatto

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carmello Albi

(Address) 929 W. Mulberry St.

15-

Filed AUG 23 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 16 1916, to August 21 1916, that I saw her alive on August 20 1916, and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Intra-cranial hemmorhage

(Duration) no yrs. no mos. 6 ds.

CONTRIBUTORY (Secondary) none

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chester Ridout, M. D.

8-21-, 1916. (Address) 2532 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem

DATE OF BURIAL. Aug 23 1916

20-UNDERTAKER J. Herwig & Co

ADDRESS 2004 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97597

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 C97597

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 Forrest ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Garrity

(Residence in Baltimore: No. 735 Forrest St.; Lifetime yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 29 (Day), 1872 (Year)

7-AGE, 44 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John J. Garrity

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Rielander

(Address) 735 Forrest St

15-

Filed..... 1916 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 19 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 11 1916, to Aug 19 1916, that I saw h[e] alive on Aug 19 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Benwood Wise M. D.

Aug 21 1916 (Address) 914 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL, Aug 23 1916

20-UNDERTAKER: Chas. P. Evans & Son | ADDRESS 1180 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 170

C97598

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Oak ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline R. Merritt

(Residence in Baltimore: No. 2202 Oak St.; 84 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April, 1832
(Month) (Day) (Year)

7-AGE, 84 yrs. 4 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benjamin Merritt

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elisa J. Black

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. M. Merritt

(Address) 2107 N. Calvert

15-

Filed AUG 22 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21st, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Aug 22 1916, to Aug 20 1916, that I saw h[illegible] alive on Aug 20 1916 and that death occurred, on the date stated above, at 9:15 a. m.

The CAUSE OF DEATH* was as follows: Chronic nephritis 2 Myocarditis

(Duration) May yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage -

(Duration) 3-7 yrs. mos. ds.

(Signed) Walter D. Wood M. D.

Aug 21, 1916. (Address) 1800 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 mos. ds. In the State 84 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Kent Co Md.

19-PLACE OF BURIAL OR REMOVAL, Kent Co. Md — DATE OF BURIAL, Aug 23 1916

20-UNDERTAKER Philip Herrig — ADDRESS 2016 Adams

I saw the case with Dr Cottage Aug 22-16 - Dr. Cottage has been in attendance since she last is now out of town - W.D.W.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97599

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97599

CERTIFICATE OF DEATH.

154
REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 906 ½ Gay St. 10 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Muehlhauser,

(Residence in Baltimore: No. 906 ½ Gay St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, Oct. 9 1829
(Month) (Day) (Year)

7-AGE, 86 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Geo Ulrich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Geo P. Muehlhauser
(Address) 906 ½ Gay St.

15-
Filed....., 191... AUG 22 1916 Z
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Senility

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Ernest Lyster M. D.
(Coroner.)
8-22, 191.. (Address) 11 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem.	Aug 23 1916
20-UNDERTAKER Frank A. Fink	ADDRESS 915 N. Gay St

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97600

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97600

CERTIFICATE OF DEATH.

129

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister Mary Fabiola Reproney

(Residence in Baltimore: No. Notre Dame Asquith St & Ashland Av Ca., ... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	single

6-DATE OF BIRTH, Dec. 8, 1875
(Month) (Day) (Year)

7-AGE. 40 yrs. 8 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Teacher

9-BIRTHPLACE, (State or Country), Waldendorf, Prussia

PARENTS.

10-NAME OF FATHER, Martin Rekofsky

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Caroline Fritz

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother Mary Agnes

(Address) Asquith St. & Ashland Ave

15- Baltimore, Md.

Filed AUG 29 1916 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8/17 1916, to Aug 21 1916, that I saw h[illegible] alive on Aug 21 1916, and that death occurred, on the date stated above, at 3:10 a m.

The CAUSE OF DEATH* was as follows:

Uterine fibroid

..... (Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Post Operative general Peritonitis (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Wm R. Johnson M. D.

8/21, 1916 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Woodlawn Cliff Md	Aug 23 1916
20-UNDERTAKER	ADDRESS
Frank A. Fink	915 W. Fay't

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97601 C97601

CERTIFICATE OF DEATH.

35

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary, St.; 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Coles

(Residence in Baltimore: No. 934 Winston St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 27, 1893
(Month) (Day) (Year)

7-AGE, 22 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore County Maryland

PARENTS.

10-NAME OF FATHER, Edwin Adam Coles

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Lulu Easley

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Bryant

(Address) Maryland Penitentiary

15-

Filed ..... 191.. AUG. 22 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 20 1916, to August 18 1916, that I saw him alive on August 18 1916, and that death occurred, on the date stated above, at 8.40 P.m.

The CAUSE OF DEATH* was as follows:

.....

Toxemia and Exhaustion

..... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) General Tuberculosis

..... (Duration) ....yrs. 7 mos. ....ds.

(Signed) William F. Schwark M. D.

Aug. 19, 1916 (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 934 Winston St.

19-PLACE OF BURIAL OR REMOVAL, Western Star Cemetery DATE OF BURIAL, Aug 22, 1916.

20-UNDERTAKER Samuel M. Chase ADDRESS 1[illegible] Monroe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 097602

HEALTH DEPARTMENT—CITY OF BALTIMORE

097602

CERTIFICATE OF DEATH.

169

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier my 5 Pratt ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Humphreys (or Humphries)

(Residence in Baltimore: No. 241 N. Amity St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 17 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert A. Mason

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Leila Smith—

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leila Smith—

(Address) 241 N. Amity

15-

Filed....., 191... AUG 22 1916 .....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia

accidental

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Sudden

(Duration).....yrs.....mos.....ds.

(Signed) H. T. Riley M. D. (Coroner.)

Aug. 21., 1916. (Address) 1639 Boundary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1½ yrs. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Dickson Cemetery

DATE OF BURIAL, Aug 22 1916

20-UNDERTAKER Samuel W. Chase & Son

ADDRESS 1400 Monroe

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97603

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97603

CERTIFICATE OF DEATH

REGISTERED No. C 170

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1412 W. Lanvale St. Ward 16)

2 FULL NAME Julius Hammersough

(Residence in Baltimore: No. 1412 W. Lanvale St. St.; yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: June 26 (Month) (Day), 1846 (Year)

7 AGE: 70 yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): B&O R R

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Lewis Hammersough

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lewis Hammersough

(Address) 1412 W Lanvale St

15

Filed ....., 191 AUG 22 1916 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 22 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jul 19, 1916, to Aug 22 1916, that I saw h[illegible] alive on Aug 21, 1916, and that death occurred on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Bright Disease

(Duration) Indefinite ds

Contributory (SECONDARY) Erotic Neuroses

(Duration) yrs. 6 mos. ds.

(Signed) L. Olive Murray M. D.

Aug 22, 1916 (Address) 1231 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Aug 24, 1916

20 UNDERTAKER: Mrs A Roblee Son

ADDRESS: 720 Parkin

C97604

HEALTH DEPARTMENT---CITY OF BALTIMORE

C97604

CERTIFICATE OF DEATH

REGISTERED No. C 171

C97604

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C97604

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3636 Maple Ave St. 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eldridge Lang

(Residence in Baltimore: No. 3636 Maple Ave St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH 1 23 1916
(Month) (Day) (Year)

7-AGE .....yrs. 7 mos. .....ds. If LESS than 1 day, ...hrs., or .....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Eldridge Lang

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Lillie Wadell

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Wadell

(Address) 3636 Maple Ave

15- Filed Aug 22 1916 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 8 21, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-21, 1916, to, 8-21 1916, that I saw h... alive on 8-21 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

.....(Duration) .....yrs. .....mos. 7 ds.

Contributory (SECONDARY) Enteric Colitis

.....(Duration) .....yrs. .....mos. 7 ds.

(Signed) C Kemper M. D.

8-21, 1916 [Address] 3701 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Dr Mary Humph DATE OF BURIAL: Aug 22 1916

20-UNDERTAKER: A S Marshall ADDRESS: 3539 Fels Pl

I. S. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97605

Spec.—8-24-14—M. & T.—2000 Bks.

B C97605

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97605

151

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 S. Bond. ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert J. Kriszak

(Residence in Baltimore: No. 621 So Bond St St.; ....yrs., 3 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Infant

6-DATE OF BIRTH, April (Month) 22 (Day), 1916 (Year)

7-AGE, ...yrs. 3 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Infant.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Kriszak

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Kubisiak

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Kriszak

(Address) 621 S. Bond St.

15- Sept 11 Z

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 1916, to August 20 1916, that I saw him alive on August 20 1916, and that death occurred, on the date stated above, at 12.50 a. m.

The CAUSE OF DEATH* was as follows:

.....Marasmus.....

..... (Duration)....yrs....mos. 20 ds.

CONTRIBUTORY (Secondary) Insanitation

..... (Duration)....yrs....mos....ds.

(Signed) Jas. L. Valentine M. D.

August 21, 1916 (Address) 1.6. S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus, | DATE OF BURIAL, Aug. 22, 1916.

20-UNDERTAKER M. F. Sadowski | ADDRESS 705 S. Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97606 HEALTH DEPARTMENT—CITY OF BALTIMORE C97606

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marguerite Hopkins

(Residence in Baltimore: No. 2218 E. Madison St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 21, 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm Hand
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Carver

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Brown

(Address) 2218 E. Madison

15-

Filed....., 191.. Jno. H. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) yrs. mos. ds.

(Signed) J. G. Williams M. D.
(Coroner.)

Aug. 22, 1916. (Address) 1 S. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos. 1 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug. 23, 1916
20-UNDERTAKER	ADDRESS
Jos. M. Frick	811 N. Howard

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97607

CERTIFICATE OF DEATH.

104 C97607

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2319 Mc Elderry St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Cole

(Residence in Baltimore: No. 2319 Mc Elderry St.; ..yrs.. 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH, April (Month) 17 (Day), 1915 (Year)

7-AGE, ..yrs..mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John J. Cole

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Theresa Dorbert

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Cole

(Address) 2319 Mc Elderry St

15-

Filed ....., 191.. 8-25-16

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21 1916, to Aug 21 1916, that I saw her alive on Aug 21 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(Duration) ..yrs.. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs..mos..ds.

(Signed) Alb. A. Bugl M. D.

8-22 1916. (Address) 709 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs..mos..ds. In the State ..yrs..mos..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt St Holy Redeemer	Aug 22, 1916
20-UNDERTAKER	ADDRESS
Christian Miller	2304 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97608

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97608

CERTIFICATE OF DEATH.

B 104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Eastern Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Morawski

(Residence in Baltimore: No. 2207 Eastern ave. St.; ...yrs., 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOW, OR DIVORCED. (Write the word.)
Male	White	Single.

6-DATE OF BIRTH, May (Month) 10 (Day), 1916 (Year)

7-AGE, ...yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Antoni Morawski

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Anastazya Nowak

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marcin Nowak

(Address) 2207 Eastern Ave.

15-

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 21 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Aug 12, 1916, to Aug 21 1916, that I saw h[illegible] alive on Aug 20 1916, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Gastero enteritis

(Duration) ...yrs. ...mos. 9 ds.

CONTRIBUTORY (Secondary) Gastero enteritis

(Duration) ...yrs. ...mos. 9 ds.

(Signed) Geo. Heller M. D.

8.21., 1916 (Address) 193 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Aug. 21, 1916

20-UNDERTAKER, William Fiaskowski ADDRESS, 1618 Eastern

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97609 HEALTH DEPARTMENT—CITY OF BALTIMORE C97609

B

CERTIFICATE OF DEATH.

20

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 2 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Lechert

(Residence in Baltimore: No. 218 S. Ann St

St.; 1 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) 10 (Day), 1914 (Year)

7-AGE, 1 yrs. 9 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Andrew Lechert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Lutnath

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Heard

(Address) J. H. Hospital

15-

Filed Aug 22 1916, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1916, to Aug 21st 1916, that I saw him alive on Aug 21st 1916, and that death occurred, on the date stated above, at 6 20 P m.

The CAUSE OF DEATH* was as follows:

General Sepsis (Staphylococcus Aureus) 1 focus probably infected finger

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia & Pyopneumothorax

(Duration) yrs. mos. 4 ds.

(Signed) Eulat L. Boenthal M. D.

, 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, Aug 22, 1916

20-UNDERTAKER Wm Fialkowski ADDRESS 1618 Eastern Ave

(Over)

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C97610

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97610

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 S. Montford ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Rachuba

(Residence in Baltimore: No. 628 S. Montford Ave. St.; 1 yrs., 8 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, Oct. (Month) 11 (Day), 1914 (Year)

7-AGE, 1 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Child

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: George Rachuba

11-BIRTHPLACE OF FATHER (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Mary Gozeh

13-BIRTHPLACE OF MOTHER (State or Country): Austria Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Rachuba

(Address) 628 S. Montford

15- AUG 22 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 20 1916, to Aug 21 1916, that I saw h[illegible] alive on August 20 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. M. Dillenott M. D.

Aug 21, 191 6 (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug. 23 191 6

UNDERTAKER William Fiallsoock — ADDRESS 1168 Eastern

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97611 C97611

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Shields Alley St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Gregory

(Residence in Baltimore: No. 1509 Shield Alley St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ...June..... (Month) ....., 1892 (Day) (Year)

7-AGE, 24 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stone
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Jane Owens

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gregory

(Address) 1509 Shields Alley

15-

Filed AUG 22 1916, 191.... L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...8.... (Month) ....20.... (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 12 1916, to Aug 20 1916, that I saw her alive on Aug 20 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Intestines

Peritonitis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Bronchitis & Cystitis

Nephritis (Duration) yrs. 1 mos. 14 ds.

(Signed) H. Garland Ashworth M. D.

Aug 21., 191.. (Address) 1534 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Aug 23...., 1916

20-UNDERTAKER A. S. Frith

ADDRESS 1921 W. Pratt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97612 HEALTH DEPARTMENT—CITY OF BALTIMORE C97612

B

CERTIFICATE OF DEATH.

109

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Louise Lowell

(Residence in Baltimore: No. 108 Jackson Place St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 49 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Barrett Lowell

11-BIRTHPLACE OF FATHER (State or Country), Mass

12-MAIDEN NAME OF MOTHER, Anna Elizabeth Welch

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. H. Miller

(Address) 920 N. Mount

15-

Filed ....., 191.....

AUG 22 1916 Registrar. L

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug. (Day) 21, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 1916, to Aug 21 1916, that I saw h e alive on Aug 21 1916, and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas
Obstruction, Ed Complete
Suppression of Urine
..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Cedema Pulmonum
..... (Duration) ....yrs. ....mos. 3 hrs.

(Signed) B.B. Jackson M. D.

Aug 21, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ? yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 108 Jackson Place

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug 22 1916

20-UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Elmora Ave

CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M.& T.—2000 Bks.

C97613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 C97613

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 Argyle ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie E. Herbert

(Residence in Baltimore: No. 938 Argyle St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, January (Month) ...., 1855 (Year)

7-AGE, 61 yrs. .... mos. .... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) House Work

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Jones

11-BIRTHPLACE OF FATHER (State or Country), unk.

12-MAIDEN NAME OF MOTHER Sidney Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil Herbert

(Address) 938 Argyle Ave

15-

Filed AUG 22 1916 L, 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1916, to August 20 1916, that I saw her alive on August 15 1916, and that death occurred, on the date stated above, at 2-7 m.

The CAUSE OF DEATH* was as follows:

(a) Nephritis

.....

.....

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Uremia

..... (Duration) ....yrs. ....mos. 7 ds.

(Signed) J. Bruce Roberts M. D.

Aug 24, 1916 (Address) 713 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cemetery

DATE OF BURIAL, August 23, 1916.

20-UNDERTAKER John H. Foddrien

ADDRESS 142 N. Hilton St

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97614 C97614

CERTIFICATE OF DEATH.

B 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1928 Ettting ST. 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Fon Inloes

(Residence in Baltimore: No. 1928 Ettting St.; 1 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colerd

5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (Write the word.) Single

6-DATE OF BIRTH, 21 June 1915 (Month) (Day), 1 (Year)

7-AGE, 1 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, James F. Inloes

11-BIRTHPLACE OF FATHER (State or Country), M'd.

12-MAIDEN NAME OF MOTHER Emma Smith

13-BIRTHPLACE OF MOTHER (State or Country), M'd.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Smith

(Address) 1928 Ettting st

15-

Filed AUG 22 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 1916, to Aug 21 1916, that I saw him alive on Aug 19 1916, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

I. Bronchial Pneumonia (Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion (Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

Aug 21, 1916 (Address) 1413 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount auburn Cemetery — DATE OF BURIAL, August 22 1916

20-UNDERTAKER Patrick H Feldrin — ADDRESS 142 Whitelock

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97615

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97615

CERTIFICATE OF DEATH.

45

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 S Potomac ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Carothers

(Residence in Baltimore: No. 1 S Potomac St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 25 1880
(Month) (Day) (Year)

7-AGE, 36 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, George Nelson

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Ellen Carothers

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Carothers

(Address) 1 S Potomac St

15-

Filed ....., 191.. AUG 22 1916 L
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916, to Aug 20 1916, that I saw h-r alive on Aug 20 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) C K Durken M. D.

Aug. 24, 1916.. (Address) 2958 E Balt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn, DATE OF BURIAL, Aug 22, 1916

20-UNDERTAKER John A Hannan & Sons ADDRESS Balt

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97616 C97616

CERTIFICATE OF DEATH. 1279

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenmount Ave Gate 9 Greenmount City WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. H. Somerville

(Residence in Baltimore: No. Greenmount ave Gate, St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 14 (Day), 1841 (Year)

7-AGE 74 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Gate Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Greenmount City

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Jas Somerville

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Sarah Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Somerville

(Address) Greenmount City Gate

15-

Filed AUG 31 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21 1916, to Aug 21 1916, that I saw h[illegible] alive on Aug 21 1916, and that death occurred, on the date stated above, at 11 15 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis Arterio sclerosis & Nephritis ?

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis ?

Mitral Stenosis (Duration) 2 yrs. ....mos. ....ds.

(Signed) C. R. D. Camalier M. D.

Aug 2., 1916 (Address) 120 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Aug 24 1916

20-UNDERTAKER Liston R. Russell

ADDRESS 2624 St Paul

Spec.—8-24-14—M. & T.—2000 Bks.

C97617

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97617

CERTIFICATE OF DEATH.

108

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron Goldberg

(Residence in Baltimore: No. 2006 E. Fayette St. St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December (Month) ....., 1899 (Day) (Year)

7-AGE, 17 yrs. 8 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tel. Operator
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Reading Pa

PARENTS.

10-NAME OF FATHER, Mor Goldberg

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ada Gershuny

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levis

(Address) 1411 E Baltimore St

15-

Filed ....., AUG 22 1916 191.....

Registrar. L

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 22 1916, that I saw him alive on Aug 22 1916, and that death occurred, on the date stated above, at 1.44 a.m.

The CAUSE OF DEATH* was as follows:

Gangrenous Appendix

..... (Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Hyperthyroidism

..... (Duration) ... yrs. ... mos. 3 hours ds.

(Signed) M. Gaskin M. D.

Aug 22, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 2006 E Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, 8/22, 1916

20-UNDERTAKER Jack Levis

ADDRESS 1411 E Balto

important. See instructions on back of certificate.

C97618

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97618

CERTIFICATE OF DEATH.

REGISTERED No. C 479

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Epis No 2. Pratt & ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Francis Malbarough

(Residence in Baltimore: No. 66 Market Place St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ALL blanks should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., (Month) 1 (Day) ..... (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Malbrough

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mc Brown

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Malbrough

(Address) 66 Market Place

15-

Filed ....., 191.. 8/22/16 L

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) I find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Cardiac Dilation

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Civil Rheumatism

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. L. Riley (Coroner.) M. D.

Aug 22, 1916. (Address) 1639 Bowdoin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Aug. 24, 1916

20-UNDERTAKER John Howard & Son — ADDRESS 901 Hollins Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Caroline A. Schminger

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97619 C97619

CERTIFICATE OF DEATH.

REGISTERED NO. C 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Druid Hill Ave St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline A. Schminger

(Residence in Baltimore: No. 2416 Druid Hill Ave St.; 5 yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH Apr 3, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. 4 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER. Conrad Schminger

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Francis Constance

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm M Shultz

(Address) 2416 Druid Hill ave

15- Filed AUG 22 1916, 191.. ROBERT R. REYBURN Registrar.

Burial Permit Clerk

Hattie Mossburg

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1916, to Aug 20 1916, that I saw h last alive on Aug 20 1916, and that death occurred, on the date stated above, at 1.45 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. ds.

(Signed) Frederick M. D.

Aug 21, 1916. (Address) 1303 W Lafayette ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Comet — DATE OF BURIAL, Aug 23, 1916

20-UNDERTAKER Wilbur H. Shriver — ADDRESS 1018 Edmondson ave

important. See instructions on back of certificate.

Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97620 65 C97620

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 E Twenty seventh St.; 27 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth H Bodine

(Residence in Baltimore: No. 606 E Twenty seventh St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH. May (Month) 6 (Day), 1840 (Year)

7-AGE, 76 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Edward Leatherbury

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Abigail [illegible]

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm C Green

(Address) 504 E 27 St

15- AUG 22 1916 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12 1916, to Aug 21 1916, that I saw her alive on Aug 20 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Senility, 4 Days

Bronchitis,

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) None Known

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm C Davis M. D.

Aug 22, 1916 (Address) 922 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemet. DATE OF BURIAL, Aug 23, 1916.

20-UNDERTAKER Wilbur H. Ahrens ADDRESS 1018 Edmondson Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97621 **CERTIFICATE OF DEATH.** 64 C97621

B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Keating

(Residence in Baltimore: No. 40 W. York St St.; .....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Not known, ...
(Month) (Day) (Year)

7-AGE, 60? ..yrs. ..mos. ..ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Do

9-BIRTHPLACE, (State or Country), Not known

PARENTS.

10-NAME OF FATHER, " "

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER " "

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Mercy Hosp

(Address) Calvert St.

15- Filed AUG 22 1916 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1916, to Aug 20 1916, that I saw h.. alive on Aug 20 1916, and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..yrs. 1 mos. ..ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ..yrs. Don't know mos. ..ds.

(Signed) Albert P. Strauch M. D.

Aug 22, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. mos. 1/2 da. In the State Don't Know yrs. mos. da.

Where was disease contracted if not at place of death? 40 W. York St

Former or usual residence 40 W. York St

19-PLACE OF BURIAL OR REMOVAL, Cem. DATE OF BURIAL, Aug 22, 1916

20-UNDERTAKER ADDRESS

important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

097622

CERTIFICATE OF DEATH.

104 097622

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.; 14 WARD)

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Miller Scott.

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ...yrs., 3 mos. 10 ds.)

B

This certificate, when filled out, is the property of the City, and it may be used in any way deemed necessary for the public good. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 10 (Day), 1913 (Year)

7-AGE, ...yrs. 3 mos. 10 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. L. Umbach Inf. Asyl.

(Address) Lafayette Ave. & Division St.

15-

Filed AUG 22 1916 191... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 20th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 20th 1916, that I saw h im alive on Aug 20th 1916, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

(a)

Gastro-enteritis

(Duration) ...yrs. ...mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) H. T. Owens M. D.

....., 191... (Address) 2511 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. / mos. ds. In the State ... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem. | DATE OF BURIAL, Aug. 22 1916

20-UNDERTAKER H. Grashof & Son | ADDRESS 606 W Lafayette ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97623

CERTIFICATE OF DEATH.

8

REGISTERED No. C 97623

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Brunt ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Crouse

(Residence in Baltimore: No. 1823 Brunt St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH Oct. 5, 1915 (Month) (Day) (Year)

7-AGE, yrs. 10 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Herman Crouse

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nora Crehan

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Crouse

(Address) 1823 Brunt St.

15- AUG 22 1916 Filed....., 191.....

ROBERT R. KRAUTER Clerk

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 14 1916, to Aug. 22 1916, that I saw h[illegible] alive on Aug. 22 1916, and that death occurred, on the date stated above, at 12 M. p. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) 2 yrs. mos. 7 ds.

(Signed) Paul Brown M. D.

Aug. 22, 1916 (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemet

DATE OF BURIAL, Aug. 23 1916

20-UNDERTAKER M. Gahey & Sons.

ADDRESS 606 W Lafayette

IMPORTANT. See instructions on back of certificate.

C97624

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97624

154

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1543 Orleans St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Woods.

(Residence in Baltimore: No. 1543 Orleans St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, not known, 1..... (Month) (Day) (Year)

7-AGE, About 70, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), not known

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country) not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country) not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. K. Insley

(Address) 2138 E. Biddle St.

15- AUG 22 1916 Filed....., 191.....

ROBERT R. KRAUSE Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Senility .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Curtin M. D.
(Coroner)

Aug. 20, 1916. (Address) 711 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. ..... mos. ..... ds. In the City State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery

DATE OF BURIAL, Aug. 23., 1916.

20-UNDERTAKER Albert E. Fuller

ADDRESS 221 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state fully supplied. AGE should be stated EXACTLY.

HEALTH DEPARTMENT---CITY OF BALTIMORE

B 97625 — 97625 — 104

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 807 S. Luzerne Ave ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Zielinski

(Residence in Baltimore: No. 807 S. Luzerne Ave St.; ..... yrs. ..... mos. ..... ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan. 7, 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. 7 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Michael Zielinski

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Agnes Rosiewisk

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Agnes Zielinski

(Address) 807 S Luzerne Ave

15- Filed AUG 22 1916, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12, 1916, to, Aug 22 1916, that I saw her alive on Aug 21 1916, and that death occurred, on the date stated above, at 3 m. a

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ..... yrs ..... mos. 10 ds.

Contributory (SECONDARY) Exhaustion

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) Chas A Neer M. D.

8 22 16 191 [Address] 1082 Bookman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Stanislaus Cem — DATE OF BURIAL: Aug 23, 1916

20-UNDERTAKER: Stephen J Fialkowski — ADDRESS: 1019 S Kenwood Ave

---

Spec.—8-24-14—M. & T.—2000 Bks.

John Beitner

B 97626

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

John Beitner

B 097626

HEALTH DEPARTMENT—CITY OF BALTIMORE

Snyder st

CERTIFICATE OF DEATH.

104 097626

1-PLACE OF DEATH 1722 Schroeders Court

REGISTERED NO. C .....

CITY OF BALTIMORE: No. 1722 Schroeders Court WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Beitner

(Residence in Baltimore: No. 1722 Schroeders Court Snyder st. ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 7th, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 15 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Victor Beitner

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Buzgeuski

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victor Beitner

(Address) 1722 Schroeders Crt

15- ROBERT R. KRAUTER

Filed AUG 22 1916 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Aug 22 1916, that I saw him alive on 22 Aug 1916, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows: Cholera Infantum

Treated for this Child (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ... yrs. ... mos. ... ds.

(Signed) E. J. McGarvey M. D.

8-24-16 191... (Address) Calgate Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem

DATE OF BURIAL, Aug 23..., 1916

20-UNDERTAKER Stephen J Fialkowski

ADDRESS 1018 S Kenwood Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97627 C97627

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 206 S. Chester ST.; W WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Owens

(Residence in Baltimore: No. 206 S. Chester St. Lft Yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 12th, 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. 8 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, John B. Owens

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Ann Evans

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Charles E. Wright

(Address) 206 S. Chester St.

15-

Filed....., 191..AUG 23 1916 L.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April — 1916, to Aug - 24 1916, that I saw h— alive on Aug 24 1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy etc

(Duration) 1 yrs. — mos. ds.

(Signed) Wm. C. Brown M. D.

Aug 22, 1916. (Address) 125 S. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Aug. 24, 1916.

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Fleet St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97628

CERTIFICATE OF DEATH.

53

C97628

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 S. Ellwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda C. Hied

(Residence in Baltimore: No. 148 S. Ellwood Ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 27th (Day), 1852 (Year)

7-AGE, 64 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, George H. Budeke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Clara Hucklemann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Hied

(Address) 148 S. Ellwood Ave

15-

Filed....., 191. AUG. 23 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 21st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21st 1916, to Aug 21st 1916, that I saw her alive on Aug 21st 1916, and that death occurred, on the date stated above, at 8:55 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Epilepsia Pneumonia

..... (Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Paralysis

..... (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Aug 22, 1916 (Address) 4 N. E. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, Aug. 24, 1916

20-UNDERTAKER, H. Sander Sons — ADDRESS 1710 Fleet St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97629 105 C97629

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 N. Duncan ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosina Trapani

(Residence in Baltimore: No. 625 N. Duncan St.; 14 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 5 (Day), 1849 (Year)

7-AGE, 67 yrs. 1 mos. 17 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Vincent Trapani

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Francis Trapani

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Trapani

(Address) 115 Dunham Ct.

15-

Filed ....., 191 AUG 23 1916 L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Aug 22 1916, that I saw her alive on Aug 21 1916, and that death occurred, on the date stated above, at 6.15 A m.

The CAUSE OF DEATH* was as follows:

..... Exhaustion & Chronic Nephritis .....

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Wm. L. Armistead M. D.

Aug. 22, 1916 (Address) 608 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery — DATE OF BURIAL, Aug 24, 1916.

20-UNDERTAKER Mrs. Dennis O Carroll — ADDRESS 608 N. Bdwy

important. See instructions on back of certificate.

...operly classified. Exact statement of OCCUPATION is very

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97630 C97630

1 PLACE OF DEATH — REGISTERED No. C 28

CITY OF BALTIMORE: (No. 325I Chestnut Ave. St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clyde Small Walters

(Residence in Baltimore: No. 325I Chestnut Ave. St.; yrs. mos. ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Mar. (Month) 6th. (Day) 1907 (Year)

7-AGE: 9 yrs. 5 mos. 17 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: ~~Schloer~~
(b) General nature of industry, business, or establishment in which employed (or employer): School Boy.

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: Geo. E. Walters

11-BIRTHPLACE OF FATHER (State or country): Asked &not Known

12-MAIDEN NAME OF MOTHER: Annie I. Small

13-BIRTHPLACE OF MOTHER (State or country): Balto. co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. C. Small

(Address) 325I Chestnut Ave.

15-

Filed ..., 191 AUG 23 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18, 1916, to, Aug 23 1916, that I saw h... alive on Aug 23 1916, and that death occurred, on the date stated above, at 3.00A m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) ... yrs ... mos. 6 ds.

Contributory (SECONDARY) Primary lesion Apex L Lung Tubercular (Duration) ... yrs. Several mos. ... ds.

(Signed) C. J. Davis M. D.

Aug 23 1916 [Address] 800 W 33rd St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. 68 mos. ... ds.

Where was disease contracted, if not at place of death? Balto

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: St. Marys Hampden

DATE OF BURIAL: Aug. 25th, 191 6

20-UNDERTAKER: A.S.Marshall

ADDRESS: 3539 Falls Road

C97631 C97631

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 124 N. Chapel St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Joseph F. Sikora

(Residence in Baltimore: No. 124 N. Chapel St. 40 yrs. ... mos. ... ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb. (Month) 20 (Day), 1846 (Year)

7-AGE: 70 yrs. 6 mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Bohemia

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Bohemia

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Sikora

(Address) 124 N. Chapel

15- AUG 23 1916 2

Filed ..., 191 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15, 1916, to, Aug 20 1916, that I saw h[illegible] alive on Aug 19 1916, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Senile Bronchitis.

(Duration) ... yrs. ... mos. 5 ds.

Contributory (SECONDARY) Pneumonia

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo Beate M. D.

Aug 19, 1916 [Address] 143 N. Bway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Hill Cem — DATE OF BURIAL: Aug 23 1916

20-UNDERTAKER: J.S. J. Kerr — ADDRESS: 1914 E. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97632

CERTIFICATE OF DEATH.

104 C97632

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Falls Road ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelen Lee Jones

(Residence in Baltimore: No. 3706 Falls Road St.; ..... yrs., 8 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Infant

6-DATE OF BIRTH: Nov. 30. (Month) (Day), 1915 (Year)

7-AGE, ... yrs. 8 mos. 23 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md Balto

PARENTS.

10-NAME OF FATHER: Alexander H. Jones

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Hattie L. Pickett

13-BIRTHPLACE OF MOTHER (State or Country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander H. Jones

(Address) 3706 Fall Road

15-

Filed ..... AUG 23 1916 ..... 191.. L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21 1916, to Aug 22 1916, that I saw her alive on Aug 22 1916, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Herbert M. Foster M. D.

Aug. 22, 1916. (Address) 863 W. 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, Aug 23 1916

20-UNDERTAKER Clemmitt & Son — ADDRESS 347 Chestnut Av

important. See instructions on back of certificate.

EXACT statement of OCCUPATION is very

C97633 C97633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

156

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 626 N. Bryson ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalia Grimowsky

(Residence in Baltimore: No. 626 N. Bryson St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, March 5, 1856
(Month) (Day) (Year)

7-AGE, About 60 yrs. If LESS than 1 day, ...hrs. or....min.?
....yrs....mos....ds.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Bryer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto Grimowsky

(Address) 626 N. Bryson St.

15-

Filed....., 191. AUG 23 1916 L
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide by Gas
Asphyxiation
(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) W. Mc Adams M. D.
(Coroner.)
Aug 23, 1916. (Address) 714 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenlawn Park	Aug. 24, 1916
20-UNDERTAKER	ADDRESS
W. J. Jackson	1008 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97634 HEALTH DEPARTMENT—CITY OF BALTIMORE C97634

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH S. REGISTERED NO. C

CITY OF BALTIMORE: (No. 222 Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James G Danes

(Residence in Baltimore: No. 222 S Robinson St.; 9/12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Jan 12, 1916 (Month) (Day) (Year)

7-AGE, yrs. 7 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm H Danes

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Danes

(Address) 222 Robinson st

15-

Filed AUG 23 1916, 191 L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22nd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21st 1916, to Aug 22nd 1916, that I saw h[illegible] alive on Aug 22nd 1916, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

Convulsions (Duration) yrs. mos. 3 ds.

(Signed) Chas B Fisher M. D.

Aug 23, 1916. (Address) 8 E Baltimore Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Aug 23, 1916

20-UNDERTAKER Geo M. Knipe

ADDRESS 411 N. Wolfe

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C97635

HEALTH DEPARTMENT--CITY OF BALTIMORE

63 X

C97635

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 3822 Dalrymple Ave St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baker R. Owens Jr.

(Residence in Baltimore: No. 3822 Dalrymple ave St.: 7 yrs. 11 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept 21, 1908 (Month) (Day) (Year)

7-AGE: 7 yrs. 11 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Baker R. Owens.

11-BIRTHPLACE OF FATHER (State or country): Balto Md.

12-MAIDEN NAME OF MOTHER: Lillian Johnson

13-BIRTHPLACE OF MOTHER (State or country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Baker R. Owens.

(Address) 3822 Dalrymple Ave

15-

Filed ..... 191 AUG 23 1916 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 23, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1916, to Aug. 23 1916. that I saw him alive on Aug. 23, 1916. and that death occurred, on the date stated above, at 6.30a m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis - Encephalitic type.

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Respiratory muscle failure (paralysis 7 hours)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Carroll Fosland M. D.

Aug. 23. 1916. (Address) 46 Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn

DATE OF BURIAL: Aug 23, 1916

20-UNDERTAKER: George J. Smith

ADDRESS: 1000 W. Lafayette

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97636 HEALTH DEPARTMENT—CITY OF BALTIMORE C97636

CERTIFICATE OF DEATH. 108

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1105 Biscoe ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Anderson C

(Residence in Baltimore: No. 1105 Biscoe St.; 10 yrs., ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, December 25, 1891.
(Month) (Day) (Year)

7-AGE, 24 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country), Cambridge Md.

PARENTS.

10-NAME OF FATHER, Sylvester Newman C

11-BIRTHPLACE OF FATHER (State or Country), Cambridge Md.

12-MAIDEN NAME OF MOTHER, Mary Eggerson C

13-BIRTHPLACE OF MOTHER (State or Country), Cambridge Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martina Brown C Aunt

(Address) 1105 Biscoe St

15-

Filed....., 191.. AUG 23 1916 ..... L .....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Simple Peritonitis

Non puerperal

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Probably a Ruptured Appendix

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

Aug. 21, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, [illegible] Cemetery

DATE OF BURIAL, Aug. 23 1916

20-UNDERTAKER, Samuel W. Chase

ADDRESS 1500 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97637 HEALTH DEPARTMENT—CITY OF BALTIMORE C97637

CERTIFICATE OF DEATH. ×108

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John McIlvain

(Residence in Baltimore: No. 9 Somerset Road, St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, December 13, 1871
(Month) (Day) (Year)

7-AGE, 44 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer): Paper bag factory

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Alex. McIlvain

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alex. McIlvain

(Address) 1416 W. Fayette & Royal Cove

15- AUG 23 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 1916, to Aug 21 1916, that I saw h in alive on Aug 21 1916, and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis
(Operation appendectomy
Aug 7.
(Duration) —yrs. —mos. 14 ds.

CONTRIBUTORY (Secondary) Mesenteric thrombosis
(Duration) —yrs. —mos. 1½ ds.

(Signed) R. T. Kieffer M. D.

Aug. 21, 1916 (Address) 1514 Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 9 Somerset Road.

Former or usual residence 9 Somerset Road.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	8th 23rd, 1916.
20-UNDERTAKER	ADDRESS
Westerlin Sons Co	McCulloh & Richard

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C97638

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C97638

B

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 871 W. Lombard St. 18 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Mr~~ Izidor Lingis

(Residence in Baltimore: No. 871 W. Lombard St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) 4 (Day), 1916 (Year)

7-AGE: ..... yrs. 4 mos. 18 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) none.

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER: Izidor Lingis

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Catharina Nomus

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Izidor Lingis

(Address) 871 W. Lombard St

15

Filed ..... 191 AUG 23 1916 L

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 22nd (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1916, to August 22 1916, that I saw him alive on August 22, 1916, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Rachitis

..... (Duration) — yrs. 4 mos. 15 ds

Contributory (SECONDARY) Enteritis

..... (Duration) yrs. — mos. 2 ds.

(Signed) Morris Abramowitz M.D. M. D.

Aug. 23, 1916. (Address) 1707 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. | DATE OF BURIAL: Aug. 23, 1916

20-UNDERTAKER: John Grebliauckas | ADDRESS: 500. S. Paca St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97639

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97639

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 426 W. Barre ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Whittington

(Residence in Baltimore: No. 426 W. Barre St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Whittington

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Whittington

(Address) 426 W. Barre

15-

Filed....., 191..... AUG 23 1916 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart trouble

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Albert L. Driscoll M. D. (Coroner.)

Aug 27, 1916 (Address) 312 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Aug 24 1916
20-UNDERTAKER	ADDRESS
Charles B. Jones	2355 Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97640 C97640

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Oakland Place St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara McCauley

(Residence in Baltimore: No. 1226 Oakland Place St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, September 6, 1849.
(Month) (Day) (Year)

7-AGE, 66 yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Carmody

11-BIRTHPLACE OF FATHER (State or Country), United States

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas B. McCauley

(Address) 1226 Oakland Place

15- Filed AUG 23 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to Aug 21 1916, that I saw h[er] alive on Aug. 20 1916, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) 8 yrs. mos. ds.

(Signed) C. W. Hoffman M. D.

Aug 22, 1916. (Address) 2100 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Aug. 23, 1916.

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C97641 HEALTH DEPARTMENT--CITY OF BALTIMORE 64 C97641

CERTIFICATE OF DEATH

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 603 Wyeth St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bazil T. Brown

(Residence in Baltimore: No. 603 Wyeth St.; 71 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Unknown (Month) , 1 (Day) (Year)

7-AGE: 71 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Bazil T. Brown

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (State or country): Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Schmudelbauer

(Address) 603 Wyeth St.

15.

Filed ....., 191 AUG 23 1916 L

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 22 (Day) , 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1916, to Aug 22 1916

that I saw him alive on Aug 20, 1916,

and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. Straus M. D.

Aug 22, 1916. (Address) 7 N Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. | DATE OF BURIAL: Aug. 24, 1916

20-UNDERTAKER: Joseph B. Cook | ADDRESS: 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97642 — 92 — C97642

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1911 Edmondson ave ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Anderson

(Residence in Baltimore: No. 1911 Edmondson ave. St.: 68 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: ~~August~~ dont know 22 ~~, 1916~~ (Month) (Day) (Year)

7-AGE: 77 yrs. mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: John McHenry

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Darrow

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Carrie Anderson

(Address) 1911 Edmondson Ave

15-

Filed AUG 23 1916, 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 22nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 to, 1916, to, Augt 22 1916, that I saw h.. alive on August 22, 1916, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), N K Gorsuch M. D.

8-23, 1916 (Address) 117 W Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: Aug 24, 1916

20-UNDERTAKER: Joseph B Cole — ADDRESS: 1003 W Baltimore St

C97643 HEALTH DEPARTMENT---CITY OF BALTIMORE 65 C97643

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 5 N. Monroe ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. McDonald

(Residence in Baltimore: No. 5 N. Monroe St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept. 25, 1874 (Month) (Day) (Year)

7-AGE: 41 yrs. 10 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: J. Geo Kalb

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary Gondy

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mary Kalb

(Address) 5 N. Monroe St

15- Filed ..... 191 ..... AUG 23 1916 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20, 1916, to, Aug. 21, 1916, that I saw her alive on Aug. 20, 1916, and that death occurred, on the date stated above, at 5:20 a m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(Duration) ..... yrs. 1 mos. ..... ds.

Contributory (SECONDARY) Softening of Brain

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) E. T. Ducker M. D.

Aug. 21, 1916. [Address] 14 N. Monroe St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery DATE OF BURIAL: Aug 23 1916

20-UNDERTAKER: Geo. A. Gerber ADDRESS: Balto & Payson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE C97644

C97644

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97644

CERTIFICATE OF DEATH.

179

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Hahnemann Hospital ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Charles Weiss-

(Residence in Baltimore: No. 1035- Boyd St

St.; yrs. 25 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White.	Married

6-DATE OF BIRTH, March 9, 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Weiss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Weiss (wife)

(Address) 1135 Boyd St

15- AUG 23 1916

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

3 hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock & Hemorrhage

(Duration) yrs. mos. ds.

(Signed) T. W. Wilson, M. D.
(Coroner)

Aug. 23, 1916. (Address) 5197 Belair

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds. 3 hours

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Aug 23, 1916.

20-UNDERTAKER Geo A Gerting

ADDRESS Balto

56

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97645

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97645

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Hope ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Irene Dempsey

(Residence in Baltimore: No. 1703 Hope St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 22 (Day), 1913 (Year)

7-AGE, ... yrs. 3 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Peter J. Dempsey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Sheridan

13-BIRTHPLACE OF MOTHER (State or Country), N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Dempsey

(Address) 1703 Hope St.

15-

Filed ....., 191.....

AUG 23 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1916, to Aug 22 1916, that I saw h[illegible] alive on Aug 22 1916, and that death occurred, on the date stated above, at 2.40 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Pertussis

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) H. R. Hyde M. D.

Aug. 23, 1916. (Address) 1024 E. Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Aug. 23., 1916.

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave.

important. See instructions on back of certificate. ... OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C97646

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97646

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2222 Lanley ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kristian Konytowski

(Residence in Baltimore: No. 2222 Lanley St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. March 10, 1852 (Month) (Day) (Year)

7-AGE. 64 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bartender
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Europe

PARENTS.

10-NAME OF FATHER. Edward Konytowski

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Catharine Chevalier

13-BIRTHPLACE OF MOTHER (State or Country), Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cor. Julia Konytowski

(Address) 2222 Lanley

15-

Filed....., 191..AUG 23 1916..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1914, to August 22 1916, that I saw him alive on August 21 1916, and that death occurred, on the date stated above, at 10 15a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cirhosis of Liver

(Duration) 1 yrs. — mos. — ds.

(Signed) William H. Johnson M. D.

Aug. 22, 1916 (Address) 2017 E. Balto. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug. 24, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North

Important. See instructions on back of certificate. Each statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97647 41 C97647

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 554 W Barre ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Herring

(Residence in Baltimore: No. 554 W Barre St.; 64 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March (Month) 14 (Day), 1852 (Year)

7-AGE, 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland Baltimore

PARENTS.

10-NAME OF FATHER, Henry Herring

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Herring

(Address) 1773 Homestead St

15-

Filed AUG 23 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 191 6; to Aug 22 191 6, that I saw him alive on Aug 21 191 6, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(Duration) yrs. 6 mos. ds.

(Signed) W. C. Hurley 902 E. M. D.

Aug 22, 1916. (Address) 612 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, Aug 24, 1916

20-UNDERTAKER William Cook

ADDRESS, 502 E Nott

ae

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97648

CERTIFICATE OF DEATH.

50

C97648

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mahanemann Gen Hosp ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Theis

(Residence in Baltimore: No. 1338 W. Lafayette Ave St.; ....yrs.,....mos.....ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, ...unknown...., (Month) ...., (Day) 1— (Year)

7-AGE,	If LESS than 1 day,
74 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....unknown.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Theis

(Address) 221 S. Wolfe St.

15-

Filed....., 191.... AUG 23 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1916, to Aug 22 1916, that I saw him alive on Aug 22 1916, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Diabetes Coma

.....

.....

..... (Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes

..... (Duration) unknown yrs. mos. ds.

(Signed) H. Thos Edwards M. D.

Aug 23, 1916 (Address) Mahanemann Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 16 ds. In the State unknown yrs. mos.

Where was disease contracted, if not at place of death? unknown

Former or usual residence unknown

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	26....., 191...
20-UNDERTAKER William Cook	ADDRESS 502 North Ch

Dr. Woodall

Dr. Woodall

Spec.—8-24-14—M. & T.—2000 Bks.

C97649

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97649

28

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 E Hoffman St.; 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriett E Caudell

(Residence in Baltimore: No. 435 Pinkney Pl. St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH, Sept. 11, 1833. (Month) (Day) (Year)

7-AGE, 36 yrs. 11 mos. 11 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Co

PARENTS.

10-NAME OF FATHER, Reuben Fowler

11-BIRTHPLACE OF FATHER (State or Country) Balto Co

12-MAIDEN NAME OF MOTHER Elizabeth Harper

13-BIRTHPLACE OF MOTHER (State or Country) Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel L Caudell

(Address) 435 Pinkney Pl.

15-

Filed AUG 23 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 20, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1915, to Aug 20 1916, that I saw h[er] alive on Aug 20 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

Indefinite (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Exhaustion

... (Duration) ...yrs. ...mos. ...ds.

(Signed) Howard E Woodall M. D.

Aug 23, 1916. (Address) 530 E North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, CREMATION, ETC. St Mary's Cemetery DATE OF BURIAL, Aug. 24, 1916.

20-UNDERTAKER Tom Cook ADDRESS 502 E North ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97650 HEALTH DEPARTMENT—CITY OF BALTIMORE C97650

CERTIFICATE OF DEATH.

10 4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 N Collington Ave ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Madelin Loos

(Residence in Baltimore: No. 1516 N Collington Ave St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 6th, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frederick Loos

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Annie Meyers

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE.

(Informant) Frederick Loos

(Address) 1516 N Collington Ave

15-

Filed ....., 191..... 9161 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from aug 16 1916, to aug 21 1916, that I saw her alive on aug 21 1916, and that death occurred, on the date stated above, at 5 6 m.

The CAUSE OF DEATH* was as follows:

Acute gastro Intestinal intox-
ication

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John W Donaldson M. D.

aug 21, 1916 (Address) 1714 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Aug ....., 191...

20-UNDERTAKER Millard B Callander

ADDRESS 1716 Bank St

Important. See instructions on back of certificate. Every statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C97651 HEALTH DEPARTMENT—CITY OF BALTIMORE C97651

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1150 West St. ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Thelma Parsons.

(Residence in Baltimore: No. 1150 West St St.; yrs., 5 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, July 21, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William H. Parsons

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER, Annie F. Smith.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie H. Parsons

(Address) 1150 West St.

15- AUG 23 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21 1916, to Aug. 22 1916, that I saw her alive on Aug. 22 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Acute Colitis

(Duration)....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) F. Edward Smith M. D.

Aug 23, 1916. (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Aug. 23 1916.

20-UNDERTAKER Mrs J. E. Evans & Son ADDRESS 428 E. Charles 25

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97652 — 104 C97652

CERTIFICATE OF DEATH.

2 — REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Fleet ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Bugnaska

(Residence in Baltimore: No. 1604 Fleet St.; — yrs., 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: April (Month) 20 (Day), 1916 (Year)

7-AGE: — yrs. 4 mos. 3 ds.

If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Stanislaus Bugnaski

11-BIRTHPLACE OF FATHER (State or Country): Russia Poland

12-MAIDEN NAME OF MOTHER: Antonina Waciszana

13-BIRTHPLACE OF MOTHER (State or Country): Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaus Bugnaski

(Address) 1604 Fleet St.

15- AUG 23 1916

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Aug. (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15 1916, to Aug. 23 1916, that I saw h[er] alive on Aug. 21 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) /

(Duration) — yrs. — mos. — ds.

(Signed) John H. Rehberger M. D.

Aug. 23, 1916 (Address) 1709 Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary Cem

DATE OF BURIAL: Aug. 25, 1916

20-UNDERTAKER: Jacob Fialkowski

ADDRESS: 925 N Bond St

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

---

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97653

CERTIFICATE OF DEATH.

1 C97653

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1819 N Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthew A. Schreiber

(Residence in Baltimore: No. 1819 N. Gay St.; 24 yrs., 9 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 16, 1891
(Month) (Day) (Year)

7-AGE. 24 yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Building
(b) General nature of industry, business, or establishment in which employed (or employer). Carpenter

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, George P. Schreiber

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Christina G. Michaelis

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Geo. P. Schreiber

(Address) 1819 N Gay St

15- ROBERT R. KRAUTER

Filed AUG 23 1916 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21st, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7th, 1916, to Aug 21, 1916, that I saw h.... alive on Aug 21, 191..., and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) 14 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) 2 yrs. mos. ds.

(Signed) Ernest G. Zeller M. D.

Aug 21st, 191 6 (Address) 1419 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL, Aug 24, 191...

20-UNDERTAKER Henry Hoeck Son

ADDRESS 1301 E Eager St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 097654 — 097654 — 104

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Holbrook ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Walter

(Residence in Baltimore: No. 1506 Holbrook St.; ..yrs., 6 mos. 7 ds.)

Important. See instructions on back of certificate. Each statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, February 16, 1916 (Month) (Day) (Year)

7-AGE, ..yrs. 6 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER, John H. Walter

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Alice E. Hehr

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. John H. Walter.

(Address) 1506 Holbrook St

15- AUG 23 1916 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8th 1916, to Aug 23 1916, that I saw h[er] alive on Aug 23 1916, and that death occurred, on the date stated above, at 6-9 m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ..yrs. ..mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) Edwin E Walter M. D.

Aug 23, 1916 (Address) 1411 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Aug 24, 191...
20-UNDERTAKER Henry Hosek Son	ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97655

CERTIFICATE OF DEATH.

104 C97655

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 731 Ensor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen B. Hart

(Residence in Baltimore: No. 731 Ensor St.; ..... yrs., 11 mos. 21 ds.)

Important. See instructions on back of certificate. Each statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 31st, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 11 mos. 21 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John T. Hart

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Delia Hart

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Delia Hart

(Address) 731 Ensor St

15- Filed AUG 23 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22nd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 11th 1916, to Aug 22nd 1916, that I saw h[illegible] alive on August 22nd 1916, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

..... Gastro-enteritis .....

..... (Duration) 1 yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Aug 23rd, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery — DATE OF BURIAL, Aug 24, 1916.

20-UNDERTAKER Henry Hauck & Son — ADDRESS 1301 E Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97656 C97656

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11½ N. Montgomery ST.; 22 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Gornostaj

(Residence in Baltimore: No. 11½ N. Montgomery Str. St.; yrs., 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, July (Month) 20 (Day), 1916 (Year)

7-AGE, yrs. 1 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: None. (b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Theodor Gornostaj

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Szyskowska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theodor Gornostaj

(Address) 11½ W. Montgomery.

15- AUG 23 1916 Filed....., 191.....

ROBERT P. KNOTTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 20th 1916, that I saw her alive on Aug 20th 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Acute Entero-Colitis

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Alexander A. Siemieniec M. D.

Aug 22 1916 (Address) 221 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. One mos. ds. In the State yrs. One mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 11½ N Montgomery

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL. Aug 23 1916

20-UNDERTAKER William Fiedlowski ADDRESS 1618 Eastern ave.

Important. See instructions on back of certificate. Every [illegible] of OCCUPATION [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97657

CERTIFICATE OF DEATH.

79

C97657

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 46 E Ostend ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura A Bateman

(Residence in Baltimore: No. 46 E. Ostend St.; yrs. 85 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 11, 1831
(Month) (Day) (Year)

7-AGE, 85 yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, William ——

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Bateman (daughter)

(Address) 46 E. Ostend St.

15- AUG 23 1916 ROBERT B. KRAUTER

Filed....., 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic diseases of the Heart 9 (Duration) yrs. Kidneys mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo W Kernhardt M. D.
(Coroner)

Aug 23, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, 8-24-16

20-UNDERTAKER J. F. McConkey

ADDRESS 39 E. Fort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blk

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97658

CERTIFICATE OF DEATH.

151 C97658

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bobby Hayden.

(Residence in Baltimore: No. Mercy Hospital St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 22, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. + mos. + ds.

If LESS than 1 day, 12 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Mr Joel B. Hayden.

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Mrs Hazel Petty.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Joel B Hayden

(Address) 2233 E Baltimore St.

15- AUG 23 1916 Filed ..., 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1916 to Aug 22 1916, that I saw him alive on Aug 22 1916, and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward J. Smith M. D.

Aug 23 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Reading Pa. DATE OF BURIAL, Aug 24, 1916

20-UNDERTAKER H. W. McCauley ADDRESS 1624 Mt Royal Ave

Important. See instructions on back of certificate.

1916
8 7
67

Frank L. Hatton

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97659

C97659

28

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1356 Richland Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank L. Hatton

(Residence in Baltimore: No. 1356 Richland Ave St.; yrs., mos. ds.)

INSTRUCTIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct. 25, 1869 (Month) (Day) (Year)

7-AGE, 57 yrs. 9 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Street Sweeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balt., Md

PARENTS.

10-NAME OF FATHER, Louis Hatton

11-BIRTHPLACE OF FATHER (State or Country), Balto. City

12-MAIDEN NAME OF MOTHER Susan Potter

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife

(Address) 1356 Rich'd Road

15- AUG 23 1916 ROBERT R. KRAUTER
Filed....., 191.....
Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pr Thrus Pulmonalis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

Aug 22, 1916 (Address) 619 N Calvert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 70 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Aug. 24, 1916

20-UNDERTAKER Wm Cook

ADDRESS 902 E North Ave

Spec.—8-24-14—M. & T.—2000 Lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97660

CERTIFICATE OF DEATH.

14

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1268 Columbia Av ST.) (WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Bohlayer

(Residence in Baltimore: No. 1268 Columbia Av St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	White	Widow

6-DATE OF BIRTH, ... Aug. (Month) 11 (Day), 1843 (Year)

7-AGE, 73 yrs. ... mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Nicholas Reinhart

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Barbara Pires

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. L. Bohlayer

(Address) 1268 Columbia Ave

15- Filed AUG 23 1916 191. ROBERT R. KRAUTER Burial Permit Clerk ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 1916, to Aug 22 1916, that I saw h[illegible] alive on Aug 22 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

... (Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Shock

... (Duration) ... yrs. ... mos. 10 ds.

(Signed) Chas. L. Bohlayer M. D.

Aug. 23, 1916. (Address) 1268 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Aug. 25, 1916.

20-UNDERTAKER Poe & Cook — ADDRESS 702 E. Baltimore

Important. See instructions on back of certificate. Each statement of OCCUPATION is very

B Ryan C97661

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C97661

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1111 Barclay ST.: 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget L. Ryan

(Residence in Baltimore: No. 1111 Barclay St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: February 20th (Month) (Day), 1856 (Year)

7-AGE: 60 yrs. 6 mos. 2 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: John Kane

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Margaret Norton

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Kane

(Address) 1111 Barclay St

15- Filed AUG 23 1916, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1916, to Aug 23 1916, that I saw her alive on Aug 22 1916, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Ca Hepatic Carcinoma

(Duration) 1 yrs. 6 mos. ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Radden M. D.

Aug 23, 1916 (Address) 321 E 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Maryland Cemetery | DATE OF BURIAL: 8/25 1916

20-UNDERTAKER: Chas. H. Kraus & Son | ADDRESS: 1141 Light Royal Cove

IMPORTANT—Items of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Goethe - Sagamihe

Joseph Suganich

B C97662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x172

C97662

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 11 Greenlit Hospital St. 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Suganich

(Residence in Baltimore: No. Youngstown Ohio St.; yrs., mbs. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, ..Mar.. (Month) ..19.. (Day), ..1893.. (Year)

7-AGE,	If LESS than 1 day,
..23..yrs. ..5..mos. ..4..ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..Steamfitter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, John Suganich

11-BIRTHPLACE OF FATHER (State or Country), Austria Hungary

12-MAIDEN NAME OF MOTHER Jennie Vodrich

13-BIRTHPLACE OF MOTHER (State or Country), Austria Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Suganich

(Address) Youngstown Ohio

15- Filed AUG 23 1916, 191... ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..Aug.. (Month) ..23.. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..Inquest.. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..Inquest.. (Inquest, autopsy or inquiry.) find that said deceased came to ..death on the day stated above.

The CAUSE OF DEATH* was as follows:

..Drowning..

..(Duration)..yrs..mos..ds.

CONTRIBUTORY (Secondary).....

..(Duration)..yrs..mos..ds.

(Signed) ..W. R. Knauer.. (Coroner.) M. D.

Aug. 23, 1916. (Address) City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Youngstown Ohio — DATE OF BURIAL, Aug 24 1916

20-UNDERTAKER W. M. Gauthof — ADDRESS 1124-114 Poplar Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8.24.14—M. & T.—2000 Bls.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97663 — 79 — C97663

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Duncan St.; 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Cooper

(Residence in Baltimore: No. 520 N. Duncan St.; 44 yrs., 9 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, November ?, 1 (Month) (Day) (Year)

7-AGE, 44 yrs. 9 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Alfred A. Cooper

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Josephine

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dennis Cooper

(Address) 520 N. Duncan.

15- Filed AUG 23 1916, 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20 1916, to Aug 21 1916, that I saw h[illegible] alive on Aug 21 1916, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Debility

(Duration) yrs. mos. ds.

(Signed) Henry Lowley M. D.

Aug 21, 1916 (Address) 136 W. 4th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, Aug 24th, 1916

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Orleans St

Important. See instructions on back of certificate. Every question must be answered. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97664 126 C97664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1841 S. Charles, St.; 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest J. Eberhardt

(Residence in Baltimore: No. 1841 S. Charles St., St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: (Month) Mar (Day) 22, (Year) 1845

7-AGE: 70 yrs. 5 mos. 29 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Polisher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Gotlieb Eberhardt

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Do not know

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Eberhardt

(Address) 1841 S. Charles St.

15- Filed AUG 23 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Aug (Day) 22, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 22 1916, that I saw her alive on Aug 22 1916, and that death occurred, on the date stated above, at 12.50 Gm.

The CAUSE OF DEATH* was as follows:

Hypertrophy of prostate.

Was operated upon on July 21 1916. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Deaburg M. D.

Aug 24, 1916. (Address) 421 East Cas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, Aug. 24, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

Important. See instructions on back of certificate. Error in statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C97665

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97665

CERTIFICATE OF DEATH.

REGISTERED No. C 71

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 N. Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Florence Sweetman

(Residence in Baltimore: No. 1629 N. Lanvale St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Aug (Month) 29 (Day), 1866 (Year)

7-AGE, 49 50 yrs. 11 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER, Philip Fischer

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Barnes

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo C Shannon

(Address) 700 Fulton Ave

15- Filed AUG 23 1916, 191. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1916, to Aug 23 1916, that I saw h[er] alive on Aug 22 1916, and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

(a) Pericarditis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) ~~George C Shannon~~ Heart

(Duration) — yrs. — mos. 1 ds.

(Signed) George C Shannon M. D.

Aug 23, 191 6 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem't

DATE OF BURIAL, Aug 25, 191 6

20-UNDERTAKER Wm Cook

ADDRESS 502 North Ave

important. See instructions on back of certificate.

Edw G. Winkler

C97666

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97686

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2213 N Fleet St St.: 1 WARD)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward George Winkler

(Residence in Baltimore: No. 2213 Fleet St St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, July (Month) 8 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas William Winkler

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sena Sembach

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas William Winkler

(Address) 2213 Fleet St

15- AUG 23 1916 Filed....., 191.... ROBERT R. KRAUTH Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Henry Lynn Russell M. D. (Coroner.)

Aug 23, 1916. (Address) 1610 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
5th Reformed	Aug 24, 1916.
20-UNDERTAKER Peter Nicolaus	ADDRESS 2046 Eastern Ave

W 3976

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97667

CERTIFICATE OF DEATH.

15 V

C97667

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 S. Washington St.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Stoney

(Residence in Baltimore: No. 418 S. Washington St.; ....yrs., ...mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Infant

6-DATE OF BIRTH. Aug 9, 1916 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
....yrs. ....mos. 14 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Stoney

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anna Somerfield

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Stoney

(Address) 418 S. Washington St

15- AUG 23 1916 Filed....., 191.... ROBERT B. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 1916, to Aug 22 1916, that I saw h— alive on Aug 22 1916, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Pleuro Pneumonia Resultatomus

Pneumonia Resultatomus

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) General Debility

(Duration) ....yrs. ....mos. 2 ds.

(Signed) [illegible] M. D.

Aug 23, 1916 (Address) 125 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug 24, 1916
20-UNDERTAKER	ADDRESS
Frank Brack & Son	1904 E. Baltimore

Important. See instructions on back of certificate. Cause and duration of OCCUPATION is very

97668

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C97668 C97668

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 Burgundy ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rena Jones

(Residence in Baltimore: No. 636 Burgundy St.; 16 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1871 (Year)

7-AGE, 45 yrs. — mos. — ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Martin

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Caroline Hamilton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Bryson

(Address) 608 Burgundy

15- AUG 24 1916

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month), 22 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1916, to Aug. 22, 1916, that I saw her alive on Aug. 11, 1916., and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(Duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Carmichael M. D.

8/23/, 1916. (Address) 1122 W. Lee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn St	Aug 27, 1916.
20-UNDERTAKER	ADDRESS
J. F. Brown & Son	1041 W. Monty

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

97669

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97669

CERTIFICATE OF DEATH.

42

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Walker

(Residence in Baltimore: No. 553 Mosher St St.; ....yrs., ...mos. ....ds.)

Important. See instructions on back of certificate. Be very particular as to OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH. April 15, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, James Stokes

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Katherine Farmer

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-

Filed ....., 191.... AUG 24 1916 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 4 1916, to August 21 1916, that I saw her alive on August 21 1916, and that death occurred, on the date stated above, at 4:15 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix — inoperable —

unknown (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pyelitis with Broncho Pneumonia —

(Duration) ....yrs. 10 mos. ....ds.

(Signed) A. J. Smith, M. D.

Aug. 21, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 553 Mosher St

19-PLACE OF BURIAL OR REMOVAL, Green Bay Prince Georges Co Md

DATE OF BURIAL, Aug 24, 1916

20-UNDERTAKER J. HENRY SMITH,

ADDRESS 706 E Lanvale St

UNDERTAKER

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97670 O

CERTIFICATE OF DEATH.

x108

C97670

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Kozlik

(Residence in Baltimore: No. Preston Md. St.; 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day) (Year)

7-AGE, 29 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Joseph Kozek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Kozlik

(Address) 829 N. Washington St.

15-

Filed....., 191... AUG 24 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21 1916, to Aug 24 1916, that I saw her alive on Aug 23 1916, and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

1. Septicaemia

2.

3.

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Appendicitis

2. (Duration) yrs. mos. 5 ds.

(Signed) Ernest H. Krieger M. D.

, 191... (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Preston Md

Former or usual residence Preston Md

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, Aug 26, 1916

20-UNDERTAKER Paul Krach Son ADDRESS 1907 Ashland Ave

Important. See instructions on back of certificate. Statement of OCCUPATION is very

Spec.—8.24.14—M. & T.—2000 Bks.

C97671

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97671

CERTIFICATE OF DEATH.

105

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 S. Fremont St.; 22 Ward)

(If death occurred in hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar F. Heidemann

(Residence in Baltimore: No. 705 S. Fremont St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 17, 1914.
(Month) (Day) (Year)

7-AGE, 2 yrs. mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Edgar Heidemann

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Julia Leonard

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar Heidemann

(Address) 705 S. Fremont St

15- AUG 24 1916 L

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 14 1916, to Aug 22 1916, that I saw h— alive on —" — 1916, and that death occurred, on the date stated above, at 1035 m.

The CAUSE OF DEATH* was as follows:

Pleurisy

(Duration) ....yrs. ....mos. 8 ....ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ....yrs. ....mos. 5 ....ds.

(Signed) Stephen Drain M. D.

Aug 22, 1916. (Address) 127 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery. DATE OF BURIAL, Aug 24 1916.

20-UNDERTAKER, James Dignan & Son. ADDRESS 1002 E. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

C97672 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97672

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 N. Fulton Av. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorday Wheatley

(Residence in Baltimore: No. 2132 N. Fulton Ave St.; 70 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH, Apr. 30, 1836 (Month) (Day) (Year)

7-AGE, 80 yrs. 3 mos. 21 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Jeff Harris

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Shumm

(Address) 1007 N. Broadway

15-

Filed ....., 191.. AUG 24 1916 Registrar. Z

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 21, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 21 1916, that I saw her alive on Aug 21 1916; and that death occurred, on the date stated above, at 10" P m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

Myocarditis

(Duration) 9 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Louis B. Schapiro M. D.

Aug 22, 1916. (Address) 141 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Aug 24, 191.3

20-UNDERTAKER Albert E. Fuller ADDRESS 221 N Broadway

Important. See instructions on back of certificate. Statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C97673

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97673

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 Glyndon Ave ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Oscar Peach

(Residence in Baltimore: No. 1220 Glyndon Ave St.: 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Sept (Month) 18 (Day), 1908 (Year)

7-AGE: 7 yrs. 11 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Hungaria

PARENTS.

10-NAME OF FATHER: Steven Peach

11-BIRTHPLACE OF FATHER (State or Country): Hungaria

12-MAIDEN NAME OF MOTHER: Lena Brumcalf

13-BIRTHPLACE OF MOTHER (State or Country): Hungaria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Steven Peach

(Address) 1220 Glyndon Ave

15-

Filed ....., 191... AUG 21 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Aug (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to Aug 22 1916, that I saw him alive on Aug 22 1916 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Heat Stroke

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Valvular Dis. of Heart

(Duration) ....yrs. 4 mos. ....ds.

(Signed) Edw. [illegible] M. D.

Aug 23 1916. (Address) 517 Scott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Aug 24, 191...

20-UNDERTAKER: John L. Fields 1202 Lombard St

ADDRESS

Important. See instructions on back of certificate.

C97674

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97674

CERTIFICATE OF DEATH

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1034 W. Saratoga St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Hudson

(Residence in Baltimore: No. 1034 W. Saratoga St.: yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: January 4, 1883 (Month) (Day) (Year)

7-AGE: 33 yrs. 7 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Billiard & Pool Room
(b) General nature of industry, business, or establishment in which employed (or employer): Manager

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Dennard Hudson

11-BIRTHPLACE OF FATHER (State or country): Cambridge Md

12-MAIDEN NAME OF MOTHER: Anna Brown

13-BIRTHPLACE OF MOTHER (State or country): Cambridge Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Brown

(Address) 1034 W Saratoga

15

Filed AUG 24 1916, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 21, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1916, to August 20 1916 that I saw h-im alive on August 20, 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 4 mos. ds

Contributory (SECONDARY) Anasarca 3rd Asthenia

(Duration) yrs. mos. 21 ds.

(Signed) J. F. Ladd M. D.

Aug 22, 1916 (Address) 933 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Aug 24, 1916

20-UNDERTAKER: John H Jordan

ADDRESS: 1052 Druid Hill Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97673

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97673

CERTIFICATE OF DEATH

1-PLACE OF DEATH 149 W. Hamilton or 64 REGISTERED No. C .....

CITY OF BALTIMORE (No. Wm. R. Bartlett St. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna E Bartlett

(Residence in Baltimore: No. 149 W. Hamilton St. 31 yrs. — mos. — ds.)

B

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1855 (Month) (Day) (Year)

7-AGE: 61 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sevan Bartlett

(Address) 149 W Henrietta St

15- Filed ..... , 191 AUG 21 1916 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20, 1916, to Aug 23 1916 that I saw him alive on Aug 22, 1916 and that death occurred, on the date stated above, at 7 A, m.

The CAUSE OF DEATH* was as follows:

Paralysis (Cerebral Hemorrhage)

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Heart Failure

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) C. H. Fincke M. D.

Aug 23, 1916 (Address) 714 S Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Aug 23, 1916

20-UNDERTAKER: John H Trodwin — ADDRESS 142 N Eutaw St

Please write plainly. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97676

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97676

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1337 Carroll, ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Jobs

(Residence in Baltimore: No. 1337 Carroll St St.; yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Colored	Single

6-DATE OF BIRTH, X ....., 1914
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 4 ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), maryland

PARENTS.

10-NAME OF FATHER, Henry Jobs

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Green

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Haver

(Address) 1337 Carroll St

15-

Filed....., 191.....

AUG 24 1916

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

..... (Duration) ....yrs. ....mos. 10 ....ds.

CONTRIBUTORY (Secondary) Auto-Intoxication

..... (Duration) ....yrs. ....mos. 1 ....ds.

(Signed) James M. Fenton M. D.
(Coroner.)

Aug 25 1916, (Address) 708 E. Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Aug 25 1916
20-UNDERTAKER	ADDRESS
John H. Tosdale	1425

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97677

C97677 229263

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

D

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2567 Greenmount Ave ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dorie Connelly

(Residence in Baltimore: No. 2567 Greenmount Ave St.; ....yrs., 8 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 27th 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank J. Connelly

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Bessie Batchelor

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank J. Connelly

(Address) 2567 Greenmount Ave

15- AUG 24 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 23rd 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27th 1916, to Aug. 23rd 1916, that I saw her alive on Aug 23rd 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. 26 ds.

CONTRIBUTORY (Secondary) Duct

(Duration) ....yrs. ....mos. .... ds.

(Signed) Geo. H. Tinges otro U.M.D.

Aug 23, 191.6 (Address) 2537 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug 24, 191.6

20-UNDERTAKER Chas. E. Franck — ADDRESS 502 Madison Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 138

C97678

B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattie Wallrup.

(Residence in Baltimore: No. Renick W. Va. St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unk (Month) ..... (Day) ....., 1877 (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John McClelland

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Belle Lunsford

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. McCaa M.D.

(Address) Johns Hopkins Hospital

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Aug 23 1916, that I saw h or alive on Aug 23 1916, and that death occurred, on the date stated above, at 10 55 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pregnancy

..... (Duration) 2 yrs. 8 mos. ....ds.

(Signed) Wm. L. McCaa M. D.

Aug 23, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. 3 ds.

Where was disease contracted, if not at place of death? 3

Former or usual residence Renick W Va.

19-PLACE OF BURIAL OR REMOVAL, Renick W Va — DATE OF BURIAL, Aug 24, 1916.

20-UNDERTAKER Hebert E Fuller — ADDRESS 221 N Broadway

important. See instructions on back of certificate.

...statement of OCCUPATION is very

C97679

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97679

CERTIFICATE OF DEATH.

175

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William S. Jackson

(Residence in Baltimore: No. 404 E Biddle St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Feb. 14, 1871.
(Month) (Day) (Year)

7-AGE, 45 yrs. 6 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Co

PARENTS.

10-NAME OF FATHER, Wm S Jackson

11-BIRTHPLACE OF FATHER (State or Country), Balto Co. Md

12-MAIDEN NAME OF MOTHER, Mary S. Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos S Ayres

(Address) 1622 W. Fulton

15-

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema brain - accidentally
Struck by an automobile
on July 22 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fulmer Edema

(Duration) yrs. mos. ds.

(Signed) W. S. Riley (Coroner.) M. D.

Aug 24, 1916. (Address) 239 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death about 1 mo. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Chestnut Grove Balto Md DATE OF BURIAL, Aug. 25 1916

20-UNDERTAKER James Bayne ADDRESS 574 Wilkens Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—5000 Blks.

C97680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C97680

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Stockton ST. 16 WARD)

2-FULL NAME John J. Vesel

(Residence in Baltimore: No. 1127 Stockton St.; ...yrs. ...mos. ...ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Dec. 25, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 7 mos. 26 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Ex-Soldier
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Eden N. C.

PARENTS.

10-NAME OF FATHER, James Vesel

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Baltimore

(Address) 1127 Stockton St

15-

Filed ..., 191... 8/24/16 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1916, to Aug 21 1916 that I saw h~~im~~ alive on Aug 21 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) Asthma Sclerosis

(Duration) 2 yrs. ...mos. ...ds.

(Signed) Wm H. W[illegible] M. D.

Aug 22, 191 6 (Address) 120 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cem

DATE OF BURIAL, Aug 23 1916

20-UNDERTAKER, Edward L Stanley

ADDRESS 617 W Balto St

IMPORTANT: See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C97681

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97681

CERTIFICATE OF DEATH.

B 91

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. C

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Brown

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ....yrs.... ....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 6th (Day), 1916. (Year)

7-AGE, ...yrs. 4 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr. M. Vincent

(Address) 1401 Druid Hill Ave

15-

Filed 8/24/16 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 24th 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10th 1916, to Aug 20 1916, that I saw him alive on Augt 20 1916, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. J. Powers M. D.

8/24, 1916 (Address) 2511 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Aug 26 191..

20-UNDERTAKER M. Fahey & Sons — ADDRESS Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97682 42 C97682

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 S. Streeper ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miranda Sollers.

(Residence in Baltimore: No. 925 S. Streeper St. St.; 66 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

~~3-SEX.~~ Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April 1st, 1857.
(Month) (Day) (Year)

7-AGE, 64 yrs. 4 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Isaac Norris

11-BIRTHPLACE OF FATHER (State or Country), Harford Co. Md.

12-MAIDEN NAME OF MOTHER Margaret Patten

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Sollers.

(Address) S. Paterson St.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 22nd, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from August 1915, to August 22 1916, that I saw h[illegible] alive on August 20 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

about

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

about

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) M. L. Rickard M. D.

August 23 1916 (Address) 310 Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem.

DATE OF BURIAL, Aug. 24th, 191.6

20-UNDERTAKER Lilly & Feiler

ADDRESS 4038 Wolfe St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97683 C97683

CERTIFICATE OF DEATH.

35

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3323 Beach Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret K Smith

(Residence in Baltimore: No. 3323 Beach Ave St.; 39 yrs., 9 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH, Nov 4 (Month), (Day), 1876 (Year)

7-AGE, 39 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Long

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna K Bowers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna K Long

(Address) 3323 Beach Ave

15-

Filed....., 191..... 8/24/16

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23 (Month) (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 23 1916, to Aug. 23 1916, that I saw her alive on Aug 23 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (General)

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY, (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. F. Taylor M. D.

8/23, 1916. (Address) 34 W Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL. Aug 25 1916

20-UNDERTAKER Chenoweth & Son — ADDRESS Chestnut Hill

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71

C97684

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 E 31st ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Wm Gingell

(Residence in Baltimore: No. 751 E 30th St.

St.; ....yrs., ...mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 10 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Walter Wm Gingell

11-BIRTHPLACE OF FATHER (State or Country), Prince Georges Co

12-MAIDEN NAME OF MOTHER Sarah Adelaide

13-BIRTHPLACE OF MOTHER (State or Country), Balto city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter W. Gingell

(Address) 751 E 30th St

15-

Filed AUG 24 1916, 191.... 8/24/16

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1916, to Aug 22 1916, that I saw ... alive on Aug 22 1916, and that death occurred, on the date stated above, at 11 15 m.

The CAUSE OF DEATH* was as follows:

Convulsions

1st Gran Tumor

Cerebral Hemorrhage

Cord

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas R Davis M. D.

Aug 24 1916 (Address) 92 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Country

DATE OF BURIAL, Aug 26, 1916.

20-UNDERTAKER New York

ADDRESS 607 E North

Aug. 2nd instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97685 C97685

CERTIFICATE OF DEATH.

169

REGISTERED NO. C.....

1-PLACE OF DEATH Foot of Patterson Ave.

CITY OF BALTIMORE (No. 2700 Boston St ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Karwacki

(Residence in Baltimore: No. 2700 Boston St

St.; yrs., 7 mos. 10 ds.) '13

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	single

6-DATE OF BIRTH, Oct 18, 1908
(Month) (Day) (Year)

7-AGE, 7 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — Miner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Karwacki

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Nicholena Goscenska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Karwacki

(Address) 2700 Boston St

15- FILED AUG 24 1916, 191..... ROBERT R. KRAUTER Special Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Stanley Syon (Coroner.) M. D.

Aug 23, 191. (Address) 1616 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus	Aug 26, 1916
20-UNDERTAKER Stephen J. Fialkowski	ADDRESS 1049 S. Kenwood Ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97686

CERTIFICATE OF DEATH.

104 C97686

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 926 Walcott St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Home

2 FULL NAME Louisa Wells

(Residence in Baltimore: No. 926 Walcott St.; yrs., mos. ds.)

B

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col.	Single

6-DATE OF BIRTH, May (Month) 4 (Day), 1916 (Year)

7-AGE, 3 yrs. mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Maria Wells

12-MAIDEN NAME OF MOTHER Ned.

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother

(Address) 926 Walcott St.

15-

FILED AUG 24 1916, 191 ROBERT R. KRAUTER Registrar

Burial Permit Work

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 23 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis

Heart Failure

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. ds.

(Signed) J. Middleton M. D.

(Coroner)

Aug 23, 1916. (Address) 1 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State Home yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence None

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet

DATE OF BURIAL, Aug. 24 1916

20-UNDERTAKER James H. Dennis

ADDRESS 130 S. Eastern Ave

Henry G. Starkloff.

C97687

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97687

CERTIFICATE OF DEATH.

87

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 623 N. Bryson ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry G. Starkloff

(Residence in Baltimore: No. 623 N Bryson St.; yrs., 8 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug (Month) 8 (Day), 1908 (Year)

7-AGE, 8 yrs. 7 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establisbment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Starkloff

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Hattie M Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Starkloff

(Address) 623 N Bryson St

15-

Filed AUG 24 1916, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Spasm of the Glottis

Duration Unknown

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Not known

(Duration) .....yrs.....mos.....ds.

(Signed) J. H. Hellstrom M. D.
(Coroner)

Aug 23, 1916. (Address) 1 W Mt Vernon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence

PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug 25, 1916
19-UNDERTAKER George L. Schmatt & Bro	ADDRESS 2101 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

027688

CERTIFICATE OF DEATH.

152 027688

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1150 Ridgely St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dill

(Residence in Baltimore: No. 1150 Ridgely St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 23, 1916 (Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 50 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George M. Dill

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah McManamon

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. McManamon

(Address) 1150 Ridgely St.

15-

Filed ....., 191. AUG 24 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 23 1916, to Aug 23 1916, that I saw h[illegible] alive on Aug 23 1916, and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Asphyxia

delayed labor

....(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Stricture of Urethra

....(Duration)....yrs....mos....ds.

(Signed) [illegible] M. D.

Aug 23, 1916 (Address) 835 E. 21

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Aug 24 1916

20-UNDERTAKER James Dignan & Son

ADDRESS 1000 S. Paca St

Important.—See instructions on back of certificate.

C97689 C97689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 306 Gilmor St ST. 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Cerchinska

(Residence in Baltimore: No. 306 Gilmor St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	single

6-DATE OF BIRTH, December (Month), (Day), 1915 (Year)

7-AGE, ...yrs. 8 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: dependent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Newark N.J.

PARENTS.

10-NAME OF FATHER, John Cerchinska

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Anna Grosel Cerch

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Cerchinska

(Address) 306 Gilmor St

15- AUG 24 1916 ROBERT R. KRAUTER

Filed....., 191. Burial Permit Clerk.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure Exhaustion

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thomas Egan Jr. (Coroner.) M. D.

Aug 23 1916 (Address) 1616 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

AUG 24 1916 COLLEGE OF P. & S. Commissioner Health.

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97690

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97690

CERTIFICATE OF DEATH.

REGISTERED NO. C 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 E. Fayette St. ST.; 6th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pedro Peterson

(Residence in Baltimore: No. 3016 E. Fayette Street St.; ... yrs., ... mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 3, 1914 (Month) (Day) (Year)

7-AGE, 2 yrs. 2 mos. 21 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Jersey City, N J

PARENTS.

10-NAME OF FATHER, Jorgen Petersen

11-BIRTHPLACE OF FATHER (State or Country), Denmark

12-MAIDEN NAME OF MOTHER Petra Plaza

13-BIRTHPLACE OF MOTHER (State or Country), Porto Rico

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B V Kelly M.D.

(Address) 100 N. Linwood Ave

15- AUG 21 1916 Filed ..., 191.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1916, to Aug 24 1916, that I saw h m alive on Aug 24 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ... yrs. ... mos. ... ds.

(Signed) B V Kelly M. D.

..., 191... (Address) 100 N. Linwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, Aug 25, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

Spec.—5-19-13—M. & T.—500 Bks.

B C97691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

137 C97691

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Zelena Pinkney

(Residence in Baltimore: No. 1605 E. Madison St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...Dec...., 26, 1892
(Month) (Day) (Year)

7-AGE, 23 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pomeiria N J

PARENTS.

10-NAME OF FATHER, Frank Henderson

11-BIRTHPLACE OF FATHER (State or Country), N Jersey

12-MAIDEN NAME OF MOTHER Amanda Handy

13-BIRTHPLACE OF MOTHER (State or Country), N Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Pinkney

(Address) 1605 E. Madison

15-

Filed AUG 21 1916 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12 Aug 1916, to 23/8/ 1916, that I saw h[illegible] alive on 23/8/ 1916, and that death occurred, on the date stated above, at 40 p.m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

Several

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac failure

Pulmonary edema

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

23/8/, 1916 (Address) 1602 N. Carlton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, Aug. 24, 1916.

20-UNDERTAKER John A. Bishop

ADDRESS 1117 N Eutaw St

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97692

CERTIFICATE OF DEATH.

120

REGISTERED NO. C 97692

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Booth ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Bryan

(Residence in Baltimore: No. 1023 Booth St.: 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) — 14 (Day) — 1862 (Year)

7-AGE, 54 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sample Carrier
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), A. A. Co Md

PARENTS.

10-NAME OF FATHER, not Known

11-BIRTHPLACE OF FATHER (State or Country), A. A. Co Md

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), A. A. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecelia Bryan

(Address) 1023 Booth St

15-

Filed AUG 24 1916 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) — 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14th 1916, to Aug 23 1916, that I saw h... alive on Aug 23 1916, and that death occurred, on the date stated above, at 1.10 P m.

The CAUSE OF DEATH* was As follows:

Cerebro Spinal Meningitis and, Intestinal Nephritis

(Duration) .... yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(Duration) .... yrs. 3 mos. — ds.

(Signed) M. D.

Aug 24 1916 (Address) 1312 W Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Aug 25 1916

20-UNDERTAKER Scott & Holland — ADDRESS Robert St.

See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Susan Reid

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97693 Susan

CERTIFICATE OF DEATH.

34

C97693

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 W Hoffman ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Reid

(Residence in Baltimore: No. 548 Hoffman St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July (Month) 17 (Day), 1856 (Year)

7-AGE, 60 yrs. 1 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Reid

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Betsy Murray

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Bowyer

(Address) 548 W. Hoffman St

15-

Filed AUG 24 1916, 191

ROBERT R. KRAUTER
Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to August 25 1916, that I saw h alive on August 22 1916, and that death occurred, on the date stated above, at 12 10 M.

The CAUSE OF DEATH* was as follows:

Cancer of Mouth

Blood Poison

(Duration) yrs. 4 mos. 6 ds.

CONTRIBUTORY (Secondary) Blood Poison

(Duration) yrs. 4 mos. 6 ds.

(Signed) D. W. Kerr M. D.

Aug 24 1916. (Address) 7a E. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery

DATE OF BURIAL, Aug 25, 1916

20-UNDERTAKER Rec. F. Holland

ADDRESS 577 Pratt St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C 97694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C97694

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 418 E. Lanvale ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Phillips

(Residence in Baltimore: No. 418 E. Lanvale St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Sing[le]

6-DATE OF BIRTH, Aug. 23, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm. A. Phillips

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Eva V. Beck.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary V. Beck.

(Address) 418 E. Lanvale St.

15-

Filed AUG 24 1916, 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 23 1916, to Aug. 23 1916, that I saw h[im] alive on Aug. 23 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth
seven (7) months

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Immediate prenatal work

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hunt Forsythe, M. D.

Aug 24, 1916. (Address) 1211 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Hanford	Aug. 25, 1916.
20-UNDERTAKER	**ADDRESS**
William Cook	502 E. North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97695

CERTIFICATE OF DEATH.

105 C97695

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 436 Somerset st — St.; 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Aguilla

(Residence in Baltimore: No. 436 Somerset St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH. June 5th, 1830
(Month) (Day) (Year)

7-AGE, 86 yrs. 2 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Preacher

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Daniel Aguilla

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER. Catherine Cromwell

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Aguilla

(Address) 506 Somerset st

15-

Filed AUG 24 1916, 191.... ROBERT R. KRAUTER

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. August 24th, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 12th, 1916, to August 24th 1916, that I saw h[im] alive on August 24th 1916, and that death occurred, on the date stated above, at 6 20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Enteritis

(Duration) 2 yrs. 2 mos. 24 ds.

Exhaustion Result x Infirmity of Age.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Meyer M. D.

August 24 1916. (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 26., 1916.

20-UNDERTAKER Chas G Bailey — ADDRESS, 617 Jefferson st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97696

CERTIFICATE OF DEATH.

104 C97696

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2013 Hollins ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Joseph Strieker

(Residence in Baltimore: No. 2013 Hollins St.; yrs., 11 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Sept 6, 1915 (Month) (Day) (Year)

7-AGE, yrs. 11 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm Strieker

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Helen Faoman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Strieker

(Address) 2013 Hollins St

15-

Filed AUG 21 1916 191.....

ROBERT R. KRAUTER
DEPUTY FOR REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Aug 23 1916, that I saw h.. alive on Aug 22 1916, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Internal Hydrocephalus

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Suicidal

Suggestion (Duration) yrs. 1 mos. ds.

(Signed) E V Cookman M. D.

8/23/16, 191... (Address) 24 W Fullton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Aug 25, 1916.

20-UNDERTAKER J S Cook & Son ADDRESS 1003 Balto

Instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Lydia C. Sann.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97697

CERTIFICATE OF DEATH.

1 C97697

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Dover ST.; 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia C Sann

(Residence in Baltimore: No. 1811 Dover St.; 39 yrs., 8 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 18, 1876 (Month) (Day) (Year)

7-AGE, 39 yrs. 8 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James F Gibson

11-BIRTHPLACE OF FATHER (State or Country), Hagerstown Md

12-MAIDEN NAME OF MOTHER Emma C Galloway

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Gibson

(Address) 1711 Dover

15- Filed AUG 24 1916, 191..... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Aug 24 1916, that I saw h-er alive on Aug 24 1916, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

1. Intestinal Fever

(Duration).....yrs.....mos.24.ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Wm A Coe M. D.

8-24, 191.6 (Address) Garrison Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, London Park Cem. DATE OF BURIAL, Aug 27, 1916

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

Instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97698

CERTIFICATE OF DEATH.

92 C97698

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO. C

CITY OF BALTIMORE: (No. ~~1728 N. Chester~~ ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Baer

(Residence in Baltimore: No. 1728 N. Chester St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. (Month) 5 (Day), 1891 (Year)

7-AGE, 25 yrs. 7 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). Wife

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert M. Baer

(Address) 1728 N. Chester

15-

Filed AUG 24 1916, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1916, to Aug. 24 1916, that I saw her alive on Aug. 24 1916, and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Double Pyelitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) M. M. Baer M. D.

Aug. 24, 1916 (Address) Hebrew Hospital

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. 14 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1728 N Chester St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't

DATE OF BURIAL. Aug. 27 1916

20-UNDERTAKER Ralph T Turner

ADDRESS 1424 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97699

CERTIFICATE OF DEATH.

28 97699

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Ausgusith ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Sinyard

(Residence in Baltimore: No. 1808 Ausigusith St.; 3 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 15 (Day), 1880 (Year)

7-AGE, 36 yrs. 1 mos. 8 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER, Jacob Sinyard

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Louisa Wright

13-BIRTHPLACE OF MOTHER (State or Country). Canada

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Sinyard

(Address) 1808 Ausgusith

15- Filed AUG 24 1916 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1916, to Aug 23 1916, that I saw h[illegible] alive on Aug 23 1916, and that death occurred, on the date stated above, at 8.07 P.M.

The CAUSE OF DEATH* was as follows:

Asthma Pulmonalis 1 year

Asthma Pulmonalis (Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthma Pulmonalis

(Duration) yrs. 6 mos. ds.

(Signed) R. J. Kaufman M. D.

Aug 24 1916. (Address) 1207 N Carlin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rockville Md

DATE OF BURIAL. Aug 25 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C97700 C97700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sigmund Czykowska

(Residence in Baltimore: No. 800 S. Eugene St St.; 1 yrs., 3 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, May (Month) 18 (Day), 1915 (Year)

7-AGE, 1 yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Philip Czykowska

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Eva Pisarek.

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed AUG 25 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 23 1916, to August 24 1916, that I saw h m alive on August 24 1916, and that death occurred, on the date stated above, at 2 30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Indigestion

(Duration) yrs. 3 mos. ds.

(Signed) [illegible] M. D.

Aug. 24, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 800 S. Eugene St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Aug 26 1916

20-UNDERTAKER William Fiaschetti

ADDRESS 1618 Eastern

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97701 C97701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 4 152

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Penn St ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Cherry

(Residence in Baltimore: No. 112 Penn St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. (Month) 24 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 4 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Vincent Cherico

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania Russia

12-MAIDEN NAME OF MOTHER Kath. Zolenas

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Cherico

(Address) 112 Penn St

15-

Filed AUG 25 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 24 (Day), 1916 (Year).

17-I HEREBY CERTIFY, That I attended deceased from Aug 22 191 6, to Aug 24 191 6, that I saw h alive on Aug 24 191 6, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Congenital debilitas

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. D. Zeltmann M. D.

8/25, 191.. (Address) 6 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug. 25, 1916.
20-UNDERTAKER	ADDRESS
John Grablinskas	500 S. Paca St.

Consult instructions on back of certificate.

B

97702

HEALTH DEPARTMENT—CITY OF BALTIMORE

PLACE OF DEATH Pronounced dead at

CERTIFICATE OF DEATH.

175

CITY OF BALTIMORE (No. Mercy Hospital St.; 11 Ward) REGISTERED No. C 97702

2-FULL NAME Della Longworth

(Residence in Baltimore: No. 1035 N Eutaw St.; yrs., 6 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Don't Know (Month), (Day), 1 (Year)

7-AGE, 28 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry S Dunn

(Address) 1333 N Caroline St

15-

Filed ....., 191.... AUG 25 1916

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month), 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, ~~autopsy or inquiry~~.) on Sept 7-16, thereon and from the evidence obtained by said (Inquest, ~~autopsy or inquiry~~.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull and Injuries, Automobile Accident

(Duration) Instant yrs. mos. ds.

CONTRIBUTORY (Secondary) ——— Nil ———

(Duration) yrs. mos. ds.

(Signed) H. S. Daley (Coroner.) M. D.

Aug 25-, 191.. (Address) 1639 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Schwartz | DATE OF BURIAL, Aug 25, 1916

20-UNDERTAKER Wm Cook | ADDRESS 902 E Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Harry Smith.

C97703 C97703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 720 E Biddle ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Smith

(Residence in Baltimore: No. 720 E. Biddle St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE. 27 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Dont Know

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Ruler of Dont Know

(Address).....

15-

Filed....., 191.. AUG 25 1916 .....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 14 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquisition (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Henry Wm Smith, M. D.
(Coroner.)

Aug 15, 1916. (Address) 1.0.0 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cadbury	Aug 15, 1916
20-UNDERTAKER	ADDRESS
Wm J G Jackson	140 Mulberry

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very may be properly classified. So that it may

Spec.—8-24-14—M. & T.—2000 Bks.

C97704

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

134 C97701

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Brewer.

(Residence in Baltimore: No. 1627 Druid Hill Ave. St.; 22 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Unknown, 1894
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
22 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waitress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Minnie Gross

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Mullen M.D.

(Address) Johns Hopkins Hosp.

15-

Filed ....., 191.....

8/25/16 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1916, to Aug 23 1916, that I saw h[er] alive on Aug 23 1916, and that death occurred, on the date stated above, at 4 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism.
Postpartum.
(Sudden)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. L. Mullen M. D.

Aug 23, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1627 Druid Hill Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	Aug 25 1916.
20-UNDERTAKER	**ADDRESS**
James H. Dunn	1303 Pennsylvania Ave.

(Instructions on back of certificate.)

At the Morgue

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97705 C97705

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 445 N. Bradd ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Cohen

(Residence in Baltimore: No. 445 N. Middle St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fmal	Col	Mar

6-DATE OF BIRTH, ...Unknown...., 18.48
(Month) (Day) (Year)

7-AGE, ...68....yrs. ....6....mos. ....6....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Woman Keeper....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russ

PARENTS.

10-NAME OF FATHER, William Cole

11-BIRTHPLACE OF FATHER (State or Country), Russ

12-MAIDEN NAME OF MOTHER Rebecca Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Russ

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ....Dora Cohen....

(Address) ....445 N. Bradd....

15- AUG 25 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit 6167

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Aug....24...., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....Inq....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ....
(Inquest, autopsy or inquiry.)
....Inquest....found that said deceased came to ....death on the day stated above.
The CAUSE OF DEATH* was as follows:
....Chronic Pulmonary....
.....
.....
..... (Duration) 2 yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Cold a Stomach
..... (Duration) ....yrs. ....mos. ....ds.
(Signed) ....M. McCathran.... M. D.
(Coroner)
Aug 27..., 191.. (Address) 819 N Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

Important. See instructions on back of certificate. It may be properly classified. Exact statement of OCCUPATION is very

UNIVERSITY OF MARYLAND
Commissioner Health.
FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97706 C97706

CERTIFICATE OF DEATH. 104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Mitchell

(Residence in Baltimore: No. 5 N. Exeter St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 6, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER Annie Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant:) A J Smith

(Address) Johns Hopkins Hospital

15- AUG 25 1916 Filed ....., 191... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 18 1916, to August 22 1916, that I saw her alive on August 22 1916, and that death occurred, on the date stated above, at 12 00 p m.

The CAUSE OF DEATH* was as follows:

Acute Infectious Endocarditis

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) K. F. Meader M. D.

Aug. 22, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 5 N. Exeter St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL AUG 24 1916

Commissioner of Health.

FOR ANATOMICAL PURPOSES.

Instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97707 119 C97707

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 N. West ST.: 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out (No. 18.)

2-FULL NAME Thomas H. Mahan

(Residence in Baltimore: No. 29 N. West St.: 50 yrs., 2 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 31, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. 2 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tinner
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Thos. A. Mahan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Lutz

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. Schuman

(Address) 130 E. Randall St

15- Filed AUG 26 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Aug 24 1916, that I saw him alive on Aug 24 1916, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(Duration) ....yrs....mos. 5 ds.

CONTRIBUTORY (Secondary) Acute nephritis

(Duration) ....yrs. 2 mos. ....ds.

(Signed) J. F. Dawson M. D.

Aug 26 1916 (Address) 1 E. Randall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem

DATE OF BURIAL, 8/27..., 1916

20-UNDERTAKER J. F. McCully

ADDRESS 99 E. Fort Ave

Important.—See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C97708 C97708

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 E Fairmount av ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elnora Jolley

(Residence in Baltimore: No. 1513 E Fairmount av St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ...January...., 1 .....
(Month) (Day) (Year)

7-AGE, 2 5 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Nurse
(b) General nature of industry, business, or establishment in which employed (or employer).....None

9-BIRTHPLACE, (State or Country), Baltimore city

PARENTS.

10-NAME OF FATHER, James Jolley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lottie Mason

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Jollie

(Address) 1513 E. Fairmount Ave

15- Filed AUG 26 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1916, to Aug 23 1916, that I saw h alive on Aug 22 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Metastasis (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Infiltration of Lungs

Months (Duration) ....yrs. 9 mos. ....ds.

(Signed) Edward T. Jenkins M. D.

824, 1916 (Address) 1612 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, Aug 27, 1916.

20-UNDERTAKER John W Henderson — ADDRESS 317 Carlisle St

INSTRUCTIONS on back of certificate.

C97709

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C97709

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 627 N. German ST. 4 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Susan Ashlock

(Residence in Baltimore: No. 627 N. German St.: 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: December 23, 1842 (Month) (Day) (Year)

7 AGE: 73 yrs. 8 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Va.

PARENTS

10 NAME OF FATHER: Wm Henry Welch.

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Sarah Boden

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Marian E. Miller
(Address) 920 N. Mount St.

15 Filed AUG 26 1916 ROBERT B. KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 24, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 18, 1916, to August 23 1916, that I saw her alive on August 23rd, 1916, and that death occurred, on the date stated above, at 1.30 P.m.
The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) — yrs. mos. 6 ds

Contributory (SECONDARY) Cerebral hemorrhage

(Duration) yrs. mos. 6 ds.

(Signed) Wm. Conrad Borden M. D.
Aug 24th, 1916 (Address) 1900 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Aug 26, 1916

20 UNDERTAKER: Geo. Weber & Son — ADDRESS: 2503 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should is very important. See instructions on back of certificate. Exact statement of OCCUPATION

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97710

CERTIFICATE OF DEATH.

C97710

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Lehmanann Hospital ST. 19 WARD)

REGISTERED No. C 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie Ennis -

(Residence in Baltimore: No. 1721 Edmonson Ave. 50 St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 1, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 2 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Reeves Ennis

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha E. Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie J. Ennis

(Address) 1721 Edmonson Ave

15- AUG 26 1916 ROBERT R. KRAUTER

Filed ....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull
a few hrs
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accident
(Duration) yrs. mos. ds.

(Signed) C. Mellenthin M. D.
(Coroner)

Aug. 25, 191... (Address) 719 N Edmonson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1721 Edmonson Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	Aug 26, 1916
20-UNDERTAKER Wm Loose	ADDRESS 5020 Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97711

CERTIFICATE OF DEATH.

108 C97711

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Klerlein

(Residence in Baltimore: No. 1906 E. Federal St. St.; 45 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) (Day) 1871 (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Salesman
(b) General nature of industry, business, or establishment in which employed (or employer), Gas + Electric

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Gustav Klerlein

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Amelia Nack

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis C. Klerlein

(Address) 1927 E. La Fayette Ave

15- AUG 26 1916 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 24 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 13 1916, to Aug 24 1916, that I saw him alive on Aug 24 1916, and that death occurred, on the date stated above, at 8.25 P.m.

The CAUSE OF DEATH* was as follows:

Gangrenous Appendicitis

(Duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Streptococcic Septicemia

(Duration) yrs. mos. 10 ds.

(Signed) W. L. Richards M. D.

Aug 24, 1916 (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1906 E Federal St.

Former or usual residence same

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL. Aug 27 1916

20-UNDERTAKER J. Herdzig & Co — ADDRESS 2008 Aisquith

Spec.—8-24-14—M. & T.—2(illegible) Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97712

CERTIFICATE OF DEATH.

28 C97712

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 N Belnord Ave. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur G. Schoepfe

(Residence in Baltimore: No. 630 N Belnord St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 24 (Day), 1887 (Year)

7-AGE, 27 yrs. 2 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Box Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Alfred Schoepfe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Amelia Haase

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Schoepfe

(Address) 630 N. Belnord

15- Filed AUG 26 1916, 191..... ROBERT E. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 1916, to Aug 23 1916, that I saw him alive on Aug 23 1916, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) ..... yrs. 1½ mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) J. J. Kelly M. D.

Aug 23, 1916. (Address) 532 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Aug 26, 1916

20-UNDERTAKER J. Herring & Co. ADDRESS 2008 Eutaw

Instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97713 — CERTIFICATE OF DEATH. — x 113 C97713

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eunice McElwain

(Residence in Baltimore: No. 6 days St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, August 22, 1860
(Month) (Day) (Year)

7-AGE, 56 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Lewis McElwain

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Matilda Hickman

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G J Smith

(Address) Johns Hopkins Hospital

15- Filed AUG 26 1916 191. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 19 1916, to August 25 1916, that I saw h alive on August 25 1916, and that death occurred, on the date stated above, at 2.40 p m.

The CAUSE OF DEATH* was as follows:

Cirrhosis hepatis atrophica

(Duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Verne K. Mason M. D.

Aug 25, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Wainville Va

19-PLACE OF BURIAL OR REMOVAL, Gainsville Va — DATE OF BURIAL, Aug 25, 1916

20-UNDERTAKER Willard E Fuller — ADDRESS 220 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97714 C97714

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2110. Eastern (St.) 1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. Dudzinski

(Residence in Baltimore: No.) 2110. Eastern Ave (St.) 1 yrs., 6 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, ~~WIDOWED~~, or DIVORCED. (Write the word.) Single.

6-DATE OF BIRTH, Jan. 26, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). Child

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Felix Dudzinski

11-BIRTHPLACE OF FATHER (State or Country). Russian Poland.

12-MAIDEN NAME OF MOTHER Bronislawa Krzyzkowska

13-BIRTHPLACE OF MOTHER (State or Country). Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Felix Dudzinski

(Address) 2110 Eastern Ave.

15-

Filed AUG 26 1916 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 25, 191 6 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24 191 6, to Aug 25 191 6, that I saw h- alive on Aug 25 191 6, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. F. Rus M. D.

Aug 25, 191 6 (Address) 24 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug 26 1916

20-UNDERTAKER William Fiaskowski — ADDRESS 1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97715

CERTIFICATE OF DEATH.

91 C97715

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Eastern Ave. St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis A. Napolillo

(Residence in Baltimore: No. 1316 Eastern Ave. St.; 1 yrs., 3 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write this word.) Single

6-DATE OF BIRTH, Jan. 15, 1916 (Month) (Day) (Year)

7-AGE, 0 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Francis Napolillo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Mariello

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Napolillo

(Address) 1316 Eastern Ave.

15-

Filed....., 191..AUG 26 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 25 1916, that I saw h[illegible] alive on Aug 15 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

..... (Duration).....yrs.....mos. 11 ds.

CONTRIBUTORY (Secondary) Intestinal

..... (Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.

Aug 25, 1916. (Address) 2387 Mole

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Duncan

DATE OF BURIAL, Aug. 27, 1916.

20-UNDERTAKER Kendell Lippel & Son

ADDRESS 330 Bond St.

IMPORTANT.—See instructions on back of certificate.

097746

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

097746

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 918 Bevan ..ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Agnatha.

(Residence in Baltimore: No. 918 Bevan St.; yrs., 7 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, January (Month) 24 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
—yrs. 7 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Worn
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Kusma Lefetchuk.

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna. Agnatka.

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Agnatka (mother)

(Address) 918 Bevan St.

15-

Filed....., 191.... AUG 26 1916

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) 2 yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) — yrs. — mos. — ds.

(Signed) Otto H. Reinhardt M. D.
(Coroner.)

Aug 25, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Aug. 26, 1916

20-UNDERTAKER E. Schumacher Son ADDRESS 1039 Hanover St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97717

CERTIFICATE OF DEATH.

71

C97717

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 674 N Saratoga ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Ruth

(Residence in Baltimore: No. 674 N Saratoga St.; ..... yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 24 (Day), 1916 (Year).

7-AGE, ... yrs. 1 mos. ~~days~~ ds.

If ~~LESS~~ than 1 day, ... ~~hrs. or min.~~?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Johns Hopkins Hospital

PARENTS.

10-NAME OF FATHER, Harry Ruth

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER May Riley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Riley

(Address) 13 N Schroeder St.

15-

Filed ....., 191.... AUG 26 1916 2

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 25 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Aug 25 1916, that I saw him alive on Aug 25 191 C, and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

.....

.....

7th Month Child

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Frank N Gunnison M. D.

Aug 25 1916 (Address) 322 N Gunnison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem.

DATE OF BURIAL, Aug ..., 191...

20-UNDERTAKER C. Schroeder & Son

ADDRESS 1037 E Lanvale St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43

C97718

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1560 N. Carey ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Williams

(Residence in Baltimore: No. 1560 N. Carey St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. 28, 1875 (Month) (Day) (Year)

7-AGE, 40 yrs. 8 mos. 25 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Patterson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Word

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Williams

(Address) 1560 N. Carey St

15-

Filed ..... 191.. 8/26/16 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Aug 23 1916, that I saw h[illegible] alive on Aug 22 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Mammary Carcinoma

..... (Duration) ..... yrs. 11 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. N. Hughes M. D.

Aug 24 191.6 (Address) 1209 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Aug 26 191.6

20-UNDERTAKER John H. Toadvine — ADDRESS 142 W. Lee St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97719 C97719

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Aryglr av ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelia Harris

(Residence in Baltimore: No. 1329 Aryglr av. St.; 25 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1891 (Year)

7-AGE, 45 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Pink Strange

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Jane Herod

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Harris

(Address) 1329 Aryglr av.

15- Filed ....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to Aug 24 1916, that I saw h[illegible] alive on Aug 23 1916, and that death occurred, on the date stated above, at 7.50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Robert J. Green M. D.

Aug 26., 1916. (Address) 120½ Ausquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Aug 26 1916
20-UNDERTAKER John H Soaden	ADDRESS 145 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C97720 HEALTH DEPARTMENT—CITY OF BALTIMORE C97720

Spec.—8-24-14—M. & T.—2000 Bks.

C97720 HEALTH DEPARTMENT—CITY OF BALTIMORE C97720

28

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Parrish ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Banks

(Residence in Baltimore: No. 907 N. Parrish St.; yrs. 57 mos. XX ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~, (*Write* the word.) Single

6-DATE OF BIRTH, — (Month) — (Day) 1859 (Year)

7-AGE, 57 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Junk Dealer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), ~~South~~ Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), South Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Priscilla Smith

(Address) 907 Parrish St

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. — 24 —, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1916, to Aug. 24 1916, that I saw him alive on Aug. 24 1916, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

a Tuberculosis of the Lungs

(Duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Exposure to Dampness

(Duration) yrs. 3 mos. — ds.

(Signed) H. H. Montague M. D.

Aug. 24 1916. (Address) 363 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Aug 26th, 1916

20-UNDERTAKER Samuel W. Thorpe

ADDRESS 1100 Monument st

Spec.—8-24-14—M. & T.—2000 Bks.

C97721 C977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert McClean Jr

(Residence in Baltimore: No. 709 William St. St.; 61 yrs., 7 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 9, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 7 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Iron & Metal
(b) General nature of industry, business, or establishment in which employed (or employer) dealer

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert McClean

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Hatchman

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A. J. Mackinnon

(Address) 127 Warren Ave

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1916, to Aug 24 1916, that I saw him alive on Aug 24 1916, and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. Z. Richards M. D.

Aug 25, 1916 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 709 William St

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL, AUG. 28 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97722 C97722 104

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Columbia Ave St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry E. Dunsing

(Residence in Baltimore: No. 920 Columbia Ave St.; 4 yrs., 4 mos. 15 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 10th, 1916. (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William H. Dunsing

11-BIRTHPLACE OF FATHER (State or Country) Balto Md.

12-MAIDEN NAME OF MOTHER Mae West

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Dunsing

(Address) 920 Columbia Ave

15- Filed Apr 16 L, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Aug 25 1916, that I saw him alive on Aug 25 1916, and that death occurred, on the date stated above, at 11 30 m. p

The CAUSE OF DEATH* was as follows:

(a) Gastro Enteritis

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. 10 ds.

(Signed) Stephen Brown M. D.

Aug 26, 1916. (Address) 1223 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Aug 28, 1916.

20-UNDERTAKER John J. Lawrason ADDRESS 908 Hollins St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97723

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97723

CERTIFICATE OF DEATH.

114

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Argyle Ave; 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Thomson

(Residence in Baltimore: No. 1236 Argyle Ave St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 29th, 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Private

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER John H. Payton

11-BIRTHPLACE OF FATHER (State or Country), Do

12-MAIDEN NAME OF MOTHER Rachel C. Franklin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Thomas

(Address) Md

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 27th, 1916.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 24 1916, to Aug 27 1916, that I saw h[illegible] alive on Aug. 27th 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia Poisoning

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Lee Clark M. D.

Aug 28, 1916. (Address) 922 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Charles Co. Md

19-PLACE OF BURIAL OR REMOVAL, Bowie Station. DATE OF BURIAL, Aug 29 1916

20-UNDERTAKER John H Teadem ADDRESS 142 W Pratt

Important. See instructions on back of certificate.

C97724

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97724

CERTIFICATE OF DEATH.

145

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE (No. Franklin Square Hospital ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caspar Real

(Residence in Baltimore: No. 33 S. Front St St.; yrs., 57 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Jan (Month) 24 (Day), 1859 (Year)

7-AGE,	If LESS than 1 day,
57 yrs. 7 mos. 1 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Cooper Shop

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Real

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John Real

(Address)..... 1143 Ridgely St

15-

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 25 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Septicaemia .....

.....

.....

..... (Duration).....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary) Repeated Ulcer of Leg

Specific? (Duration).....yrs.....mos. not known ds.

(Signed)..... James M Kenlon M. D.

(Coroner.)

Aug 25 191.. (Address)..... 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death.....yrs.....mos. 3/4 ds. In the State..57..yrs..7..mos..1...ds.

Where was disease contracted, if not at place of death?.....

Not Known

Former or usual residence..33 S Front St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Aug 26 191..
20-UNDERTAKER James Dignan & Son	ADDRESS 100 S. Paca St.

Be sure that name, if given, is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

097725

CERTIFICATE OF DEATH.

91 097725

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Brewer.

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) 23 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Cecil Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Jane Brewer.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mina Brewer

(Address) 1627 Druid Hill Ave.

15-

Filed....., 191.... 8/26/16 L.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 23 1916, to Aug 24 1916, that I saw her alive on Aug 24 1916, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

a. Broncho Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. L. Nicholas M. D.

Aug 25, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. 1 ds.

Where was disease contracted, if not at place of death? Johns Hopkins Hospital

Former or usual residence 1627 Druid Hill Ave.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Aug 26 191 6

20-UNDERTAKER George H. Holland

ADDRESS 517 Albert St.

Supplementary instructions on back of certificate.

Be sure that NAME and OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C97726 ×170 C97726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. Mercy Hospital ST.; WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry W. Duncan

(Residence in Baltimore: No. 9 S. East Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. February 8" 1858
(Month) (Day) (Year)

7-AGE. 58 yrs. 6 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Jewelry Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE, (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER. John F. Duncan

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Virginia Morgan

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Duncan

(Address) 9 S. East Ave

15- AUG 26 1916

Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. August 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 25 1916, to August 25 1916, that I saw him alive on August 25 1916 and that death occurred, on the date stated above, at 5:00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Fatal Diabetes Mellitus

(Duration) Days Hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) Few Hours yrs. mos. ds.

(Signed) Edward H. Smith M. D.

Aug 25, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 9 S. East Ave

Former or usual residence 9 S. East Ave.

19-PLACE OF BURIAL OR REMOVAL. Balto. Cem. DATE OF BURIAL. Aug. 27, 1916

20-UNDERTAKER Chas. J. Evans & Son ADDRESS 1180 W. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97727

CERTIFICATE OF DEATH.

43 C97727

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Newman

(Residence in Baltimore: No. Eutaw Place & Brooke Lane St.; 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, April (Month) 29 (Day), 1877 (Year)

7-AGE, 44 yrs. 3 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Lock Haven Pa

PARENTS.

10-NAME OF FATHER, Julius Newman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Eileen Landheimer

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Newman

(Address) Esplanade Apts

15-

Filed AUG 26 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Aug 26 1916, that I saw h-r alive on Aug 24 1916, and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hepatic Abscess

(Duration) yrs. mos. 20 ds.

(Signed) C. Statia Smith M. D.

Aug 26, 1916 (Address) 21 W. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, 8/28, 1916

20-UNDERTAKER L. Landheim — ADDRESS 1180 N. Royal Ave

Directions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97728

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97728

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 Frederick Ave. St.; 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marcellow Hawk

(Residence in Baltimore: No. 2541 Frederick Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 27 (Day), 1887 (Year)

7-AGE, 29 yrs. .. mos. .. ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, William Bell

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Emma Rook

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lionel Hawk

(Address) 2541 Fourmont Ave

15-

Filed ..... 191. AUG 26 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Aug 24 1916, that I saw h[illegible] alive on Aug 24 1916, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) ..... yrs. ..... mos. last year ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Martha A. Ely M. D.

Aug 25, 1916. (Address) Forrest Hill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Aug 27 1916.

20-UNDERTAKER C. W. Dill

ADDRESS 3109 Fredk. Ave.

Instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97729

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97729

13 104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Lemmett ST. 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Cleveland Brown

(Residence in Baltimore: No. 1503 Lemmett St.; yrs. 10 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Sing.

6-DATE OF BIRTH, Sept 27, 1905
(Month) (Day) (Year)

7-AGE, yrs. 10 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Brown

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mamie Fountain

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Brown

(Address) 1503 Lemmett St

15-

Filed AUG 26 1916, 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 4 1916, to Aug 25 1916, that I saw h... alive on Aug 24 1916, and that death occurred, on the date stated above, at 3.40 p.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. ds.

(Signed) John S. Montague M. D.

Aug 25 1916 (Address) 100 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, Aug 27, 191...

20-UNDERTAKER Christian Miller ADDRESS 339 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97730 C97730

CERTIFICATE OF DEATH.

x 20

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Granville H. Walker

(Residence in Baltimore: No. Dyninga, Va. St.: ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 27, 1866 (Month) (Day) (Year)

7-AGE, 49 yrs. 8 mos. ... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establisbment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Henry Walker

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Betty Berry

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H C Lamberson

(Address) 817 Park Ave

15- AUG 26 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 24 1916, to Aug 26 1916, that I saw him alive on Aug 26, 1916, and that death occurred, on the date stated above, at 6.20 a. m.

The CAUSE OF DEATH* was as follows:

Diffuse cellulitis of left side of body (axilla + chest)

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Septicemia

(Duration) ....yrs. ....mos. 3 ds.

(Signed) H. H. Lamberson M. D.

Aug 26, 1916 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. 2 ds.

Where was disease contracted, if not at place of death? Dyninga, Va.

Former or usual residence Dyninga Va.

19-PLACE OF BURIAL OR REMOVAL. Mill Creek

DATE OF BURIAL. Aug 27 1916

20-UNDERTAKER Wm Tucker Sons

ADDRESS Monkton

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C97731

REGISTERED No. C.....

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Fayette & Obers Sts ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harman Myers.

(Residence in Baltimore: No. 502 W. Lafayette Ave ST. ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, August (Month) 20 (Day), 1854 (Year)

7-AGE, 61 yrs. 6 mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Oysters dealer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Myers

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dent Hsson

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora K. Koch

(Address) 502 W. Lafayette Ave

15-

Filed AUG 26 1916 191.....

ROBERT R. KRAUTER
Registrar.

Burial Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24 1916, to Aug 25 1916, that I saw h im alive on Aug 25 1916, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis causing
high blood pressure finally
Pneumonia Influenza Hospital
(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia
(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Henry J. Merkel M. D.

Aug 26, 1916 (Address) 5 E. Mt. Vernon Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 502 W. Lafayette Ave.

19-PLACE OF BURIAL OR REMOVAL, Western Cemy

DATE OF BURIAL. Aug 28, 1916

20-UNDERTAKER Jos Jordans Son

ADDRESS 2178 Pace

Public institutions on back of certificate.

Spec.—8-21-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97732

CERTIFICATE OF DEATH.

91

97732

1-PLACE OF DEATH

REGISTERED NO. C 97732

CITY OF BALTIMORE: (No. 215 S. Paca n ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nunzio V. Marantо

(Residence in Baltimore: No. 215 S. Paca n St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 4 (Day), 1916 (Year)

7-AGE, 0 yrs. 1 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Salvatore Marantо

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosina Ygnazio

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Salvatore Marantо

(Address) 215 S. Paca n

15- Filed AUG 26 1916, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24 1916, to Aug 6 1916, that I saw h[illegible] alive on Aug 6 1916, and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Wolenberg M. D.

Aug 26, 1916. (Address) 16 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cy

DATE OF BURIAL, Aug 27, 1916

20-UNDERTAKER Jos Jorden's Son

ADDRESS 217 S. Paca

Important. See instructions on back of certificate.

Statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97733 66 C97733

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 578 St. Mary St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bonnie Edwards

(Residence in Baltimore: No. 578 St. Mary St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, ... (Month) 1862 (Day) 1 (Year)

7-AGE, 54 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert Edwards

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alonzo Edwards

(Address) 578 St. Mary St.

15- Filed AUG 27 1916, 191.... ROBERT R. KRAUTER Registrar. DEPUTY REGISTRAR

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 24th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20th 1916, to Aug 24th 1916, that I saw h[illegible] alive on Aug 24th 1916 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Progressive Paralysis

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Asthma Chronic

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) A. Lane Talbot M. D.

N.Y., 191.. (Address) 92 Lafayette Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Aug. 27, 1916

20-UNDERTAKER Wm Robert & Elliott — ADDRESS 506 East 149

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

C97734

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

C97734

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1348 Reynolds ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Mdlacki

(Residence in Baltimore: No. 1348 Reynolds St; ....yrs., 11 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 4 (Month) 14 (Day), 1915 (Year)

7-AGE, ...yrs. 11 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Alexander Mdlacki

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Stella Markoska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Prosh, M.D.

(Address)..... 1510 Fortieth

15- Filed AUG 27 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) – 25 (Day) –, 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8 – 12 – 1916, to 8 – 25 – 1916, that I saw him alive on 8 – 22 – 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhea and Enteritis

..... (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. Prosh M. D.

8-26, 1916 (Address) 1510 Fortieth Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, Aug 27 1916

20-UNDERTAKER William Fiackowski ADDRESS 1611 Eastern

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97735 80 C97735

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Holly Inn ST.: 14 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Pachman

(Residence in Baltimore: No. 9 Marlborough Apartments St.: 77 yrs., 10 mos. ~~1~~ ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) W

6-DATE OF BIRTH, October 8th, 1838 (Month) (Day) (Year)

7-AGE, 77 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, H. Pachman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Kuhn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Pachman

(Address) Marlborough Apts

15- Filed AUG 27 1916, 191.. ROBERT R. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1916, to Aug 27 1916, that I saw h[illegible] alive on Aug 27 1916, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(Duration), yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) yrs. mos. ds.

(Signed) Leathen L. Campbell M. D.

Aug 27, 1916 (Address) 2806 Garrison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ohel Sholom Cem. DATE OF BURIAL, Aug 29 1916

20-UNDERTAKER J. H. Lewis Co ADDRESS 1611 Linda

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 C97736 104 C97736

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Wirt ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nora A. B Dienstbach

(Residence in Baltimore: No. 1316 Wirt St.; ....yrs. 9 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 17th, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Gustavus A. Dienstbach

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Mary E Connolley

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gustavus A Dienstbach

(Address) 1316 Wirt st

15- Filed AUG 27 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 26 1916, that I saw h[illegible] alive on Aug 26 1916, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Gastro-Enteritis

..... (Duration) ....yrs. 11 mos. 17 ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Aug 27, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Aug. 28th, 1916.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

Important. See instructions on back of certificate.

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97737 C97737

29

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 6 Vineyard Lane St.: 12 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maybell Stanton Curtis

(Residence in Baltimore: No. 6 Vineyard Lane St.: yrs. 17 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: March 26, 1915 (Month) (Day) (Year)

7-AGE: 1 yrs. 5 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): U S - Md.

PARENTS

10-NAME OF FATHER: LeRoy Curtis

11-BIRTHPLACE OF FATHER (State or country): U.S. Md

12-MAIDEN NAME OF MOTHER: Nora Sanborn

13-BIRTHPLACE OF MOTHER (State or country): U S Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nora Curtis

(Address) 6 Vineyard Lane

15. Filed AUG 27 1916, 191 ROBERT B. BRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 27, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 24, 1916, to August 27 1916, that I saw h-m alive on August 27, 1916, and that death occurred, on the date stated above, at 12:15 P m.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis involving ~~Acute Anterior Poliomyelitis~~ meninges - Primary from - right upper bronchial glands (Duration) ..... yrs. ..... mos. 17 ds

Contributory (SECONDARY) Bronchopneumonia (Duration) ..... yrs. ..... mos. 2 ds.

(Signed), W A Councell M. D.

August 27, 1916 (Address) 3636 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Aug 27, 1916

20-UNDERTAKER: H. M. Cunliffe — ADDRESS: 1624-Mc, Royal Ave.

Instructions: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Isidor Baker.

HEALTH DEPARTMENT–CITY OF BALTIMORE

Isidor Baker.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~12~~ 097738 64 097738

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 910 Cooley St.; WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isidor Baker

(Residence in Baltimore: No. 910 Cooley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word): Married

6-DATE OF BIRTH: Dec 31, 1845
(Month) (Day) (Year)

7-AGE: 70 yrs. 7 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Judy Baker

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Anna Koons

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Baker

(Address) 910 Cooley St

15- Filed AUG 27 1916 191.... ROBERT R. KRAETER Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Apoplexy, Cerebral

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile

(Duration) yrs. mos. ds.

(Signed) H. R. Cooley M. D.
(Coroner.)

....., 191... (Address) 910 Cooley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart	Aug 28 1916
20-UNDERTAKER	ADDRESS
Wendell Applebee	378 Mun Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109

C97739

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. of Deaths Hospital St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Hettchen

(Residence in Baltimore: No. 1616 N Durham St.: 17 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May (Month) 1 (Day), 1898 (Year)

7-AGE, 18 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, August Hettchen

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Annie Catherine Letzer

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Catherine Hettchen

(Address) 1616 N Durham

15- Filed AUG 27 1916 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8/26 1916, to 8/26 1916, that I saw h[illegible] alive on 8/26 1916 and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Perforation of small Intestine

(Duration) yrs. mos. ds.

(Signed) H. M. Johnson M. D.

8/26, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore

DATE OF BURIAL, Aug. 29, 1916

20-UNDERTAKER Wendell Rothfel & Son

ADDRESS 375 Penn

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C97740

REGISTERED NO. C97740

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (St.) 3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Foster

(Residence in Baltimore: No.) 1011 Granby (St.) (yrs.) 11 (mos.) 10 (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 16 (Day), 1915 (Year)

7-AGE, (yrs.) 11 (mos.) 10 (ds.)

If LESS than 1 day, (hrs. or) (min.)

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Anthony Foster

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Marie Forstock

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Foster

(Address) 1011 Granby st

15- Filed AUG 27 1916 191... ROBERT E. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 27 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 23 1916, to Aug 27 1916, that I saw her alive on Aug 27 1916, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

1) Bronchio-Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration): yrs. mos. ds.

(Signed) Bernard S. Nicolson M. D.

8/27/16, 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. 11 mos. 11 ds.

Where was disease contracted, if not at place of death? 1011 Granby St

Former or usual residence 1011 Granby St

19-PLACE OF BURIAL OR REMOVAL, St. Vincent

DATE OF BURIAL, Aug. 29th, 1916.

20-UNDERTAKER Wendell Lippold & Son

ADDRESS 33 S. Bond St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97741

CERTIFICATE OF DEATH.

42 C97741

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE: (No. 865 W. Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Schumann

(Residence in Baltimore: No. 865 W. Franklin St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Dec. 8, 1878
(Month) (Day) (Year)

7-AGE, 37 yrs. 8 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. Lightener

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Echzabeth Pfeifer

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Schumann

(Address) 865 W. Franklin St.

15-

Filed AUG 27 1916 191.. ROBERT B. KRAUTZ Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 23 1916, to Aug 25 1916, that I saw h[illegible] alive on Aug 25 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

a Cancer of Uterus

Clinical Diagnosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) 2 yrs. 6 mos. 5 ds.

(Signed) Dr. G. Shiebel M. D.

Aug 27 1916. (Address) 2412 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Aug 27, 1916

20-UNDERTAKER Geo. W. Little — ADDRESS 531 N. Howard St.

Important. See instructions on back of certificate.

B C97742

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97742

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C97742

REGISTERED NO. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 107 N. Strecker St ST.: 1 WARD)

2-FULL NAME Gertrude Estell Butler

(Residence in Baltimore: No. 107 N Strecker St ST.: yrs. 11 mos. 20 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug 26 (Month) (Day), 1916 (Year)

7-AGE: ..... yrs. 11 mos. 20 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: B Frank Butler

11-BIRTHPLACE OF FATHER (State or country): Johnston Pa

12-MAIDEN NAME OF MOTHER: Sallie Murree

13-BIRTHPLACE OF MOTHER (State or country): Aa Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B Frank Butler

(Address) 107 N Strecker

15.

Filed AUG 27 1916 ROBERT E. LEWTER M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 26 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15th, 1916, to Aug 26 1916, that I saw h[er] alive on Aug 24, 1916, and that death occurred, on the date stated above, at 2a m.
The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ..... yrs. 1 mos. 11 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Fred De Clark M. D.

Aug 26, 1916 (Address) 1112 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Schwartz Cemetery | DATE OF BURIAL: Aug 27, 1916

20-UNDERTAKER: William Cook | ADDRESS: 5026 North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

B C97743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C97743

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S Patterson Park Ave St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Guthrie

(Residence in Baltimore: No. 615 S Patterson Park Ave St.; ..... yrs. 8 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. (Month) 11 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 8 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Child

9-BIRTHPLACE, (State or Country), Baltimore - Md.

PARENTS.

10-NAME OF FATHER, Ernest Guthrie

11-BIRTHPLACE OF FATHER (State or Country), Salisbury - Md

12-MAIDEN NAME OF MOTHER Lelea Jones -

13-BIRTHPLACE OF MOTHER (State or Country), Mt Vernon - Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leila Guthrie

(Address) 615 S. Patterson Park Ave

15- AUG 27 1916 ROBERT E. CRAIGHILL

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1916, to Aug 26 1916, that I saw h[illegible] alive on Aug 26 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Enteric Colitis

..... (Duration) 9 yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) 9 yrs. ..... mos. 1 ds.

(Signed) C. L. Lang M. D.

8/26, 191 6. (Address) 270 S. Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Schwartz County — DATE OF BURIAL, Aug 27 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Important. See instructions on back of certificate. Statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C97714

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C97714

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1158 N. Calhoun St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earnest Goldsborough

(Residence in Baltimore: No. 1158 N Calhoun St.; — yrs., 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 3 (Month) 23 (Day) 1916 (Year)

7-AGE, ...yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles Goldsborough

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ella Ringold

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Goldsborough

(Address) 1158 N. Calhoun St

15- Filed AUG 27 1916, 191.... ROBERT R. CRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 26 1916, to August 26 1916, that I saw him alive on August 26 1916, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Heat Prostration

(Duration) ....yrs. ....mos. 2 ds.

(Signed) C. W. Parker M. D.

August 26 1916 (Address) 1403 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Aug 27 1916

20-UNDERTAKER Sam'l H. Chase Son ADDRESS 1400 Mosher St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97745

CERTIFICATE OF DEATH.

92 C97745

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 S. Curley ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Grabowski

(Residence in Baltimore: No. 909 S. Curley St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Feb 14, 1865 (Month) (Day) (Year)

7-AGE. 51 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Wm Grabowski Sr

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Grabowski

(Address) 909 S. Curley

15- Filed AUG 27 1916, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. August 24, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 22 1916, to Aug 24 1916, that I saw him alive on Aug 24 1916, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Labor P neumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. W. Miller M. D.

Aug 27, 191.. (Address) 10 S Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Stanislaus Cem

DATE OF BURIAL. Aug 28, 191.6

20-UNDERTAKER. Stephen J Kwalkowski

ADDRESS 1019 S. Kenwood Ave

Important. See instructions on back of certificate.

C97746 HEALTH DEPARTMENT--CITY OF BALTIMORE C97746

CERTIFICATE OF DEATH

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 15 E. Ostend St. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma May Jepp

(Residence in Baltimore: No. 15 E. Ostend St.: 30 yrs. 11 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: September (Month) 13 (Day), 1885 (Year)

7-AGE: 30 yrs. 11 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimor Md

PARENTS

10-NAME OF FATHER: Thomas J. Daily

11-BIRTHPLACE OF FATHER (State or country): Baltimor Md

12-MAIDEN NAME OF MOTHER: Mary Elizabeth Balla

13-BIRTHPLACE OF MOTHER (State or country): Baltimor Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry F. Jepp (Husband)
(Address) 15 E. Ostend St

15-AUG 27 1916 Filed ..... 191 ROBERT B. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 10, 1916, to August 25 1916, that I saw her alive on August 25, 1916, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto H. Reinhardt M. D.

Aug 25, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Aug 28th 1916

20-UNDERTAKER: Margaret G. Flynn

ADDRESS: 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

97747 — 104 — 97747

1 PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 1119 E. Pratt st — St.: 3 — Ward)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Abraham Zinder

(Residence in Baltimore: No. 1119 E. Pratt — St.: — yrs. 8 mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant

6 DATE OF BIRTH: December (Month) (Day), 1915

7 AGE: — yrs. 8 mos. — ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Samuel Zinder

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Woolf

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Zinder

(Address) 1119 E Pratt St

15 AUG 27 1916 Filed, 191 — ROBERT R. KRAUTER Registrar — Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 27 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1916, to Aug. 27 1916, that I saw him alive on Aug. 27, 1916, and that death occurred, on the date stated above, at One p.m.

The CAUSE OF DEATH* was as follows:

Ileocolitis

(Duration) yrs. mos. 13 ds.

Contributory (SECONDARY): Bronchitis, uremia

(Duration) yrs. mos. One ds.

(Signed) Herman Seidel M. D.

Aug. 27, 1916 (Address) 1523 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Hebrew Herron Run — DATE OF BURIAL: 8/27, 191 6

20 UNDERTAKER: Jack Levi's — ADDRESS: 1411 E Balto

B 097748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 097748

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5-87 Oxford, St.: 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry A. Phillips

(Residence in Baltimore: No. 5-87 Oxford St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, Not Known, 185[illegible]
(Month) (Day) (Year)

7-AGE, 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steamdom
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Andrew Gunter

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elsie Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,
(Informant) Adelina Gaskins
(Address) 5-35 Orchard St

15-
Filed AUG 28 1916, 191[illegible]
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Heart failure,
Senile Decay, Contributory
Old Age Natural Death
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Not Known
(Duration) yrs. mos. ds.
(Signed) Jas. Wells Thomas, M. D.
(Coroner)
Aug. 28, 1916. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 4 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Baltimore

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	Aug 28, 1916
20-UNDERTAKER George W. Holland	ADDRESS 517 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

097748

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97749 C97749

CERTIFICATE OF DEATH.

74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Boyer

(Residence in Baltimore: No. 1136 Warner St ; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, May (Month) 10 (Day), 1890 (Year)

7-AGE, 26 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Stevenson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary E Hill

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E M Hardy

(Address) Johns Hopkins Hospital

15-

Filed....., 191. AUG 28 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 25 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from August 22 1916, to August 25 1916, that I saw her alive on August 25 1916, and that death occurred, on the date stated above, at 12.00 a.m.

The CAUSE OF DEATH* was as follows:

Brain tumor

? unknown

(Duration)....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration)....yrs.....mos.....ds.

(Signed) A. S. Bloomfield M. D.

Aug. 25, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. 3 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1136 Warner St

19-PLACE OF BURIAL OR REMOVAL, Forest Lawn — DATE OF BURIAL, Aug 28 1916.

20-UNDERTAKER Frank L Blumenthal — ADDRESS 515 W Lexington

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97750 C97750

CERTIFICATE OF DEATH

28

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No 909 W. 34th St. WARD) 13

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie L. Baggarly

(Residence in Baltimore: No. 909 W. 34th St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ? (Month) ? (Day) 1897 (Year)

7-AGE: 19 yrs. ? mos. ? ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: H w/f.
(b) General nature of industry, business, or establishment in which employed (or employer): /

9-BIRTHPLACE (State or country): Westmoreland Pa.

PARENTS

10-NAME OF FATHER: Isaac Tanker.

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Martha Sherman

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Luther Baggarly

(Address) 909 W. 34th St Balto. Md

15-

Filed ..... 191 AUG 28 1916 L

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1916. to. Aug 26 1916.
that I saw her alive on Aug 26, 1916.
and that death occurred, on the date stated above, at 6P m.
The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage.

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Pulmonary Tuberculosis about

(Duration) ½ yrs. 6 mos. ..... ds.

(Signed) Richard C. Hanley M. D.

8/26, 1916. (Address) 3512 Christ Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary Hawkins. DATE OF BURIAL: Aug 29, 1916

20-UNDERTAKER: H S Marshall ADDRESS: 3539 Fulton

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 697751

HEALTH DEPARTMENT—CITY OF BALTIMORE

697751

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3363 Falls Road ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Jockel

(Residence in Baltimore: No. 3363 Falls Road St.; yrs., mos. 1 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Aug (Month) 15 (Day), 1916 (Year)

7-AGE: ....yrs. ....mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country): Balto City Md

PARENTS.

10-NAME OF FATHER: Chas Jockel

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Anne Appelt

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Jockel

(Address) 3363 Falls Road

15- AUG 28 1916

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Aug (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Colitis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John T Morrison M. D. (Coroner)

Aug 27 1916 (Address) 1632 Belvedere

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Mary Hanover	Aug 28 19 16
20-UNDERTAKER: A S Marshall	ADDRESS: 3539 Falls Rd

IMPORTANT: PHYSICIANS should state plainly in each item, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97752 C97752 108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Ruby

(Residence in Baltimore: No. ..... Manchester Md, St.; ..... yrs., ... mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1888. (Year)

7-AGE.	If LESS than 1 day,
28 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm H Ruby

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Henry

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Ruby

(Address) Westminster Md.

15-

Filed ....., 191.... AUG 28 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1916, to Aug 28 1916, that I saw him alive on Aug 28 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Suppurative Appendicitis (Operated)

(Duration) about 2 wks, yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho pneumonia mixed

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. C. Hall, M. D.

8/28, 1916 (Address) University Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Hanksville Cemetery Md	Aug 28, 1916.

20-UNDERTAKER	ADDRESS
A S Marshall	3539 Fall Rd

important. See instructions on back of certificate. ... OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B C97753 — 28 C97753

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 N. Glover ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Schaumel

(Residence in Baltimore: No. 518 N. Glover St.; 30 yrs. 5 mos. 26 ds.)

Important. See instructions on back of certificate. Before filling out this certificate, read carefully Sections 5 and 6 of Regulations. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March 1, 1886 (Month) (Day) (Year)

7-AGE, 30 yrs. 5 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ned Farren

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Charlotte Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Schaumel

(Address) 518 N. Glover St.

15-

Filed AUG 28 1916, 191.. L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 191 5, to Aug 27 191 6, that I saw her alive on Aug 27 191 6, and that death occurred, on the date stated above, at 5-30 P.M.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ..yrs. ..mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ..yrs. 8 mos. 4 ds.

(Signed) Louis Vogt M. D.

Aug 27, 191 6 (Address) 1601 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, 1st Evangelical Cemetery — DATE OF BURIAL, Aug 30, 191..

20-UNDERTAKER Christian Miller — ADDRESS 2[illegible] Hoffman St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97754 C97754

CERTIFICATE OF DEATH.

63+ 97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Jones

(Residence in Baltimore: No. 2003 Druid Hill Ave St.; ....yrs....mos....ds.)

Important. See instructions on back of certificate. Statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, ? (Month) ? (Day) 1903 (Year)

7-AGE.	If LESS than 1 day,
13 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), ? Unknown

PARENTS.

10-NAME OF FATHER, ? Unknown

11-BIRTHPLACE OF FATHER (State or Country), ? Unknown

12-MAIDEN NAME OF MOTHER ? Unknown

13-BIRTHPLACE OF MOTHER (State or Country), ? Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hardy

(Address) Johns Hopkins Hospital

15-

Filed ....., 191.... AUG 28 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 24 1916, to August 26 1916, that I saw h[illegible] alive on August 26 1916, and that death occurred, on the date stated above, at 10.45 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Acute Lobular
Microscopical finding shows
death due to acute Poliomyelitis.
Frederick Heuckel M.D.

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert L. Rowthal M. D.

Aug. 26, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2003 Druid Hill Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Cem'y	Aug. 28, 1916

20-UNDERTAKER	ADDRESS
Gilbert E. Fuller	220 N Bond

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-12—M. & T.—500 Bks.

C97755

HEALTH DEPARTMENT—CITY OF BALTIMORE

63+

C97755

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Stockton St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Elizabeth Lewis

(Residence in Baltimore: No. 1032 Stockton St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 30, 1909
(Month) (Day) (Year)

7-AGE, 7 yrs. 3 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nathaniel Lewis

11-BIRTHPLACE OF FATHER (State or Country). Wash, D.C.

12-MAIDEN NAME OF MOTHER Ella Jones

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Jones

(Address) 1032 Stockton St.

15-

Filed ..... 191... AUG 28 1916 .....

L

.....Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1916, to Aug 27 1916, that I saw h alive on Aug 27 1916, and that death occurred, on the date stated above, at 1 30 p.m.

The CAUSE OF DEATH* was as follows: Acute Anterior Poliomyelitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul Brown M. D.

Aug 27. 1916. (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Aug 29 1916

20-UNDERTAKER James H. Dunn

ADDRESS 303 Boston

Important. See instructions on back of certificate.

B 097756 HEALTH DEPARTMENT—CITY OF BALTIMORE 097756

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH 1546 Argyle ave REGISTERED NO. C.....

CITY OF BALTIMORE (No. 1546 ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mollie Phillips Rich

(Residence in Baltimore: No. 1546 Argyle Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	Blk	Single

3-DATE OF BIRTH, Aug 27, 1916 (Month) (Day) (Year)

7-AGE, 4 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Phillips Rich

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Gray

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1546 Argyle Ave

15-

Filed....., 191.. AUG 28 1916 .....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nurse Cystem
Tuberculosis of Larynx

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) H. H. Ebbstein M. D. (Coroner.)

Aug 27, 1916 (Address) 5 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State Hotel yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion

DATE OF BURIAL, Aug 28, 19..

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97757 C97757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1432 Hanover 37

CITY OF BALTIMORE: (No. ..... St.; 12 WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Catherin Victor

(Residence in Baltimore: No. 1432 Hanover St.; ..... yrs., ... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, ~~American~~ White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 20th, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. H. Victor

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Mary Elizabeth Braman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Victor

(Address) 1432 Hanover St.

15- Filed AUG 28 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 27th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26th 1916, to Aug 27th 1916, that I saw her alive on Aug 26 1916, and that death occurred, on the date stated above, at 12.20 m.

The CAUSE OF DEATH* was as follows:

.....

Congenital Lues

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Prematurity

..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) M. L. Joslin M. D.

Aug 28th, 1916 (Address) 745 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery Ass'n Co. DATE OF BURIAL, Aug. 29th, 1916.

20-UNDERTAKER M. J. Fagan ADDRESS 1422 Light St.

Important. See instructions on back of certificate. Each statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97758 C97758

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 W. Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Eckert

(Residence in Baltimore: No. 830 W. Lombard St.; 15 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, March 21, 1887 (Month) (Day) (Year)

7-AGE, 29 yrs. 5 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Calvert Co Md.

PARENTS.

10-NAME OF FATHER, George W. Lyons.

11-BIRTHPLACE OF FATHER (State or Country) Calvert Co Md.

12-MAIDEN NAME OF MOTHER Marie Lyons

13-BIRTHPLACE OF MOTHER (State or Country) Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Eckert

(Address) 830 W. Lombard St.

15- Filed AUG 28 1916, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 26 1916, to Aug 26 1916, that I saw her alive on Aug 26 1916, and that death occurred, on the date stated above, at 4 o. 4 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary

Oedema of (Duration) 4 hours mos. ds.

(Signed) Theo H. Kalbfleisch M. D.

August 29 1916. (Address) 34 S. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug. 29, 1916

20-UNDERTAKER, Hill Cook — ADDRESS, 502 E North Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97759 C97759

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3423 Frederick Road ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. A. Jackson

(Residence in Baltimore: No. 3423 Frederick Road St.; 60 yrs., 1 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 8, 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Gilbert Tynsying

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Mary Collins

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William A Jackson

(Address) 3423 Frederick Road

15-

Filed....., 191.... AUG 28 1916 Z

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916, to Aug 25 1916, that I saw her alive on Aug 24 1916, and that death occurred, on the date stated above, at 3401 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) Several yrs. mos. ds.

(Signed) H. C. Feldenheimer M. D.

Aug 26, 1916 (Address). 817 Hamilton Terrace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Aug 28 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Important. See instructions on back of certificate. Statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C97760 C97760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1720

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Aisquith St.; 9 Ward) REGISTERED NO. C.....

2-FULL NAME Hattie Cole

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1720 Aisquith St.; 45 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb (Month) 11 (Day), 1844 (Year)

7-AGE, 72 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Henry East

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pemrock J Cole

(Address) 1720 Aisquith Street

15-

Filed AUG 28 1916 L, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1916, to Aug 27 1916, that I saw her alive on Aug 26 1916, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) 11 yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis Myocarditis Arteriosclerosis

(Duration) 3 yrs.....mos.....ds.

(Signed) Alan B Lemmon M. D.

Aug 27, 1916. (Address) 718 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL Lorraine Cemetery DATE OF BURIAL, Aug 29, 1916

20-UNDERTAKER William Cook ADDRESS 502 E North

Important. See instructions on back of certificate. Space must be filled in full. Abbreviations must not be used. If information is not known, write "Unknown." If DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, the OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C97761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C97761

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Inez Auld

(Residence in Baltimore: No. 711 S. Lakewood St.; 24 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 11, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 6 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas W. Henderson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie E. Herod

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Auld

(Address) 711 S. Lakewood Ave

15-

Filed ....., 191.. AUG 27 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1916, to Aug 25 1916, that I saw her alive on Aug 25 1916, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Bernard S. Jacobson M. D.

Aug 25, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 24 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? (2.)

Former or usual residence 711 S. Lakewood Ave.

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Aug 29, 1916

20-UNDERTAKER H. Sander & Sons — ADDRESS 1110 Eutaw St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97762 C97762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 E Grundall ST.; 2d WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida. May Ide.

(Residence in Baltimore: No. 408 E Grundall St.; ..... yrs., 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 24 (Day) 14, 1916 (Year)

7-AGE, ... yrs. 3 mos. 3 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William Ide.

11-BIRTHPLACE OF FATHER (State or Country), New Orleans

12-MAIDEN NAME OF MOTHER Catherine Hooper

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Ide.

(Address) 408 E Grundall St

15-

Filed AUG 28 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 27 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 2 191.6, to Aug 27 191.6, that I saw her alive on Aug 27 191.6, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration) ..... yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary) Nonclosure of Foramen ovale

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Grundell M. D.

Aug 27, 191.6. (Address) 910 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Peters — DATE OF BURIAL, Aug 28th, 191.6.

20-UNDERTAKER E & B Hasle — ADDRESS 115 E Mont St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97763 — C97763

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Raborg St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elie Thompson

(Residence in Baltimore: No. 818 Raborg St.; 14 yrs., — mos. — ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Sept 6, 1858 (Month) (Day) (Year)

7-AGE, 58 yrs. 11 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. H. Co Md.

PARENTS.

10-NAME OF FATHER, Elias Thompson

11-BIRTHPLACE OF FATHER (State or Country), N. H. Co Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), N. H. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Butler

(Address) 818 Raborg St

15-

Filed AUG 28 1916, 191 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 26, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 21st 1916, to Aug 26 1916, that I saw h[illegible] alive on Aug 25th 1916, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) F. C. Smith M. D.

Aug 26 191 6 (Address) 1313 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Int Auburn Cemetery — DATE OF BURIAL, Aug 28, 1916

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Rock

Important. See instructions on back of certificate. Statement of CAUSE OF DEATH may be made in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

13

C97764

[1] PLACE OF DEATH

14

STATE OF MARYLAND
CERTIFICATE OF DEATH

C97764

County .....

Registration Dist. No. .....

Village or City Baltimore (No. 1905 Eloodacres St. 21 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Harry Johnson

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: male

[4] COLOR OR RACE: Colored

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

[6] DATE OF BIRTH: March 3 (Month) 02 (Day) 1883 (Year)

[7] AGE: 33 yrs. 5 mos. 13 ds. If LESS than 1 day, ... hrs. OR ..... min. ?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

[9] BIRTHPLACE (State or country): Balto City

PARENTS

[10] NAME OF FATHER: Richard Johnson

[11] BIRTHPLACE OF FATHER (State or country): Md

[12] MAIDEN NAME OF MOTHER: agnes Wright

[13] BIRTHPLACE OF MOTHER (State or country): Md

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary B Johnson
(Address) 1905 Eloodacres

[15] Filed ..... 191 AUG 28 1916 L
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: 8 (Month) 26 (Day), 1916 (Year)

[17] I HEREBY CERTIFY, That I attended deceased from May 20, 1916, to Aug 26, 1916, that I last saw him alive on Aug 26, 1916, and that death occurred on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Dysentery

(Duration) yrs. 3 mos. ..... ds.

Contributory / Secondary: Exhaustion

(Duration) yrs. ..... mos. ..... ds.

(Signed) Thomas B Hall, M. D.

191 .... (Address) Halethorpe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[19] PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Aug 29, 1916

[20] UNDERTAKER: Geo H Hooper — ADDRESS: 609 Little Pacca St

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97765 108 C97765

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 613 N Duncan St. 1 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Giuseppe Colletta,

(Residence in Baltimore: No. 613 N Duncan, St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
M	W	Married,

6-DATE OF BIRTH, ... Jan (Month) 18 (Day), 1864 (Year)

7-AGE, ...52.... yrs. ....8.... mos. ....1.... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy,

PARENTS.

10-NAME OF FATHER Calogero Colletta

11-BIRTHPLACE OF FATHER (State or Country), Italy,

12-MAIDEN NAME OF MOTHER Rosalia DiGennaro

13-BIRTHPLACE OF MOTHER (State or Country), Italy,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ottavio Di Mattia

(Address) 1238 3rd St.

15-

Filed ....., 191.... AUG 28 1916 L

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 26 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

..... Appendicitis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D. (Coroner.)

Aug 28 191. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincents Cem.	Aug 29 1916
20-UNDERTAKER Lilly and Zile	ADDRESS 403 S Wolfe St.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97766 Lot C97766

C97766 63+ C97766

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 418 Fawcett St. W ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Gordon Gransden.

(Residence in Baltimore: No. 418 Fawcett St.; yrs. 8 mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct 5, 1912 (Month) (Day) (Year)

7-AGE: 3 yrs. 10 mos. 23 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Chicago, Ill.

PARENTS

10-NAME OF FATHER Mark H. Gransden

11-BIRTHPLACE OF FATHER (State or country) Penna.

12-MAIDEN NAME OF MOTHER Elsie T. Daily

13-BIRTHPLACE OF MOTHER (State or country) Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mark H. Gransden
(Address) 418 Fawcett St.

15
Filed ..... 191 AUG 28 1916 Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 28, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1916, to Aug 28 1916, that I saw him alive on Aug 27, 1916, and that death occurred, on the date stated above, at 6 4½ m.

The CAUSE OF DEATH* was as follows:

Acute Anterior Poliomyelitis

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Roscoe G. Grossheld M. D.

Aug 28, 1916 (Address) 1535 Harlem Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Aug 28, 1916

20-UNDERTAKER: William Cook | ADDRESS: 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C97767 104 C97767

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1532 Abbotson ST.: 9 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice V. Cormack

(Residence in Baltimore: No.) 1532 Abbotson St.: ..... yrs. 9 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write this word.): Infant

6-DATE OF BIRTH: November 2nd, 1915. (Month) (Day) (Year)

7-AGE: ..... yrs. 9 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Thomas L. Cormack

11-BIRTHPLACE OF FATHER (State or Country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Nellie M. Riley

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Nellie M. Cormack

(Address) 1532 Abbotson St.

15-

Filed ..... AUG 24 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26th, 1916. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 15th 1916 to August 26th 1916

that I saw her alive on August 26th 1916,

and that death occurred, on the date stated above, at 11 35 p. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ..... yrs. ..... mos. ..... ds.

Signed Charles H. U. Meyer M. D.

Aug 27th, 1916. (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug. 28, 1916.

20-UNDERTAKER: Wm Cook — ADDRESS: 1726 Whitelock

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97768

CERTIFICATE OF DEATH.

64 C97768

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Keyser ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura A. Sanft

(Residence in Baltimore: No. 2606 Keyser St. St.; 37 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, July 17, 1916 (Month) (Day) (Year)

7-AGE. 40 yrs. 1 mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Phillip Loeffler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Burns

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Sanft

(Address) 2606 Keyser St.

15- Filed AUG 28 1916, 191 2 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 21 1916, to August 26 1916, that I saw her alive on August 26 1916, and that death occurred, on the date stated above, at 12.25 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage &
Degeneration

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. H. Todd M. D.

Aug 26, 1916 (Address) 1225 N. Carlin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug 29 1916

20-UNDERTAKER, Robt J Turner — ADDRESS 1430 N Bway

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

B C97769

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97769

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johnson Bail Hospital ST.; 40 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alvia City

(Residence in Baltimore: No. 302 N. Monroe St.) (If non-resident give usual residence.) (If less than 1 day, yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... June (Month) 13 (Day), 1 (Year)

7-AGE,	If LESS than 1 day,
28 yrs. 2 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Louis F Reman

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Lillian Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Leonard Alt

(Address)..304 N. Monroe

15-

Filed..... AUG 28 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... August (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 11 1916, to August 27 1916, that I saw h[illegible] alive on August 27 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Edward J Gehl M. D.

8/27, 1916 (Address) 413 N. Woodington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 302 N. Monroe St

Former or usual residence 302 N Monroe St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug 30, 1916

20-UNDERTAKER Ruff & Turner — ADDRESS 1482 N Brady

If may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 097770

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

097770

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1720 N. Montford Ave. ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Batchelder

(Residence in Baltimore: No. 1720 N. Montford St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: (Month) (Day) 1 (Year)

7-AGE: yrs. mos. 2/ ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Wm H Batchelder

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Rina Schlosser

13-BIRTHPLACE OF MOTHER (State or country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno Ulrich

(Address) 2008 Orleans

15- Filed AUG 28 1916, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: (Month) Aug (Day) 27, (Year) 1916

17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1916, to, Aug 27 1916, that I saw h[illegible] alive on Aug 26 - 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Manitis —

Duration: Few days yrs. mos. ds.

Contributory (SECONDARY): (Duration) yrs. mos. ds.

(Signed), W. S. Riley M. D.

Aug 27, 1916. [Address] 1639 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cem

DATE OF BURIAL: Aug 29, 1916

20-UNDERTAKER: J Harvey & Co

ADDRESS: 2008 Orleans

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

B C97771

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97771

CERTIFICATE OF DEATH.

43

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 E. Baltst ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Linda Zagier

(Residence in Baltimore: No. 1210 E. Baltst St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December (Month), (Day), 1867 (Year)

7-AGE, 48 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, L. Levin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levin

(Address) 1411 E. Baltst

15-

Filed AUG 28 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Aug 28 1916, that I saw her alive on Aug 24 1916, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix Uteri
13 mos. ago. Pt. last seen by me
Aug. 1916 Glands of neck
Metastasis (Duration) yrs. 13 mos. ds.

CONTRIBUTORY (Secondary) Pressure on Ureters
Hydronephrosis (Duration) yrs. 1 mos. ds.

(Signed) F. K. Nuckols M. D.

, 191... (Address) 530 N. Carey Mon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Co

DATE OF BURIAL, 8/28, 1916

20-UNDERTAKER Jack Levin

ADDRESS 1411 E Balt St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97772 C97772

CERTIFICATE OF DEATH.

40

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Linden Ave. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Schleisner

(Residence in Baltimore: No. 1732 Linden Ave. St.; Lifetime yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. December 16th., 1857
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
58 yrs. 8 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Dept. Store

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Emanuel Schleisner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Krauskopf

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hannah Schleisner

(Address) 1732 Linden Ave.

15-

Filed....., 191.. AUG 28 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27th., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1916, to Aug 27 1916, that I saw h.. alive on Aug 27 1916, and that death occurred, on the date stated above, at 11.30 A.m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Fidler M. D.

Aug. 28., 1916. (Address) [illegible] 1718 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew Cem.

DATE OF BURIAL, Aug. 29, 1916

20-UNDERTAKER David Sondheim. 118 W. ADDRESS Mt. Royal Ave.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9773 47 C9773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3615 Reisterstown Road ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin Orlando Hazlegrove

(Residence in Baltimore: No. 3615 Reisterstown Road St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Child

6-DATE OF BIRTH, Sept (Month) 11 (Day), 1901 (Year)

7-AGE, 14 yrs. 11 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Schoolboy.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Chicago Illinois

PARENTS.

10-NAME OF FATHER, Warner M. Hazlegrove

11-BIRTHPLACE OF FATHER (State or Country), Cumberland Co. Va.

12-MAIDEN NAME OF MOTHER Jennie L. Sterling

13-BIRTHPLACE OF MOTHER (State or Country), Harrisonburg Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George C. Shannon

(Address) 700 Fulton Ave

15- Filed AUG 28 1916, 191 Registrar. L

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 26 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jany 17 1916, to Aug 26 1916, that I saw him alive on Aug 26 1916, and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ✓ yrs. 4 mos. ✓ ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) yrs. 7 mos. 10 ds.

(Signed) George C. Shannon M. D.

Aug 26 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Aug 28, 1916

20-UNDERTAKER Joseph B Cook ADDRESS 1031 Balto St

important. See instructions on back of certificate.

7

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97774 — 91 — C97774

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3124 Dillon ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine W. Hanafin

(Residence in Baltimore: No. 3124 Dillon St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 11 (Day), 1916 (Year)

7-AGE, ...yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Francis E. Hanafin

11-BIRTHPLACE OF FATHER (State or Country), Conn.

12-MAIDEN NAME OF MOTHER Anna E. Fischer

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis E. Hanafin

(Address) 3124 Dillon St.

15-

Filed AUG 28 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1916, to Aug 27 1916, that I saw h[illegible] alive on Aug 27 1916, and that death occurred, on the date stated above, at 12 50 P. m.

The CAUSE OF DEATH* was as follows:

.....Bronchio Pneumonia.....

.....

.....

..... (Duration).....yrs.....mos. 6 ds.

CONTRIBUTORY (Secondary) Toxaemia

..... (Duration).....yrs.....mos. 2 ds.

(Signed) W. L. Burke M. D.

Aug 28, 1916. (Address) 3042 Hudson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mosh Holy Redeemer — DATE OF BURIAL, Aug 28, 1916.

20-UNDERTAKER Gutsaker + Gutsaker — ADDRESS 1739 E. Eager St.

may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C97775

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 N. Gilmor, ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Staunton Fleishman

(Residence in Baltimore: No. 1628 N. Gilmor St.: Lyf Estreet (Mon ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 24 (Day), 1915 (Year)

7-AGE, 1 yrs. mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Louis A Fleishman

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER May Mc Manus

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louis Fleishman

(Address) 1628 N Gilmor St

15- AUG 28 1916 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1916, to Aug 28 1916, that I saw him alive on Aug 28 1916, and that death occurred, on the date stated above, at 4-35 p.m.

The CAUSE OF DEATH* was as follows:

Enteritis - Colitis

(Duration) 1 yrs. one 8 mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Henry E. Cole M. D.

Aug 28, 1916 (Address) 1203 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug 28 1916

20-UNDERTAKER Jno. W. Sanbrook — ADDRESS 1624 Mc Cay Ave

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

38 Spec.—8-24-14—M. & T.—2000 Bks. Fannie A Deering

Spec.—8-24-14—M. & T.—2000 Bks. Savinia A Deering

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97776 79 C97776

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 2404 Wilkins Ave ST.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lavania H. Deering

(Residence in Baltimore: No. 2404 Wilkins Ave St. 28 yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Femal

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, single OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Aug (Month) 23 (Day) 1888 (Year)

7-AGE, 28 yrs. - mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House - work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, August Deering

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Barbara Killian

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Deering

(Address) 2404 W. Lanvale Ave

15- AUG 28 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 23 1916, to Aug 27 1916, that I saw h[illegible] alive on Aug 26 1916, and that death occurred, on the date stated above, at 3 4 m.

The CAUSE OF DEATH* was as follows: Endocarditis (Chronic)

from Indefinite several years.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) [illegible] M. D.

8-27, 1916 (Address) 1302 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dorsey Md — DATE OF BURIAL, Aug 29 191.6

20-UNDERTAKER Armstrong Dem Co — ADDRESS 715 Light St

38

Please write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

B C97777 C97777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 17 78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 N. Biddle ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Davis

(Residence in Baltimore: No. 540 N Biddle St.; 9 yrs., 9 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write One word.)
Male	Colored	Married

6-DATE OF BIRTH, Aug 23, 18[illegible]
(Month) (Day) (Year)

7-AGE, 29 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Bernheimer Bros

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Charles Davis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ella Tyson

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Davis

(Address) 540 Biddle St

15- AUG 28 1916 Filed....., 191... ROBERT R. KRAUTER Burial Permit Clerk

Md 4446-M

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1916, to Aug 25 1916, that I saw him alive on Aug 24th 1916, and that death occurred, on the date stated above, at 11 30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of heart

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 6 ds.

(Signed) Samuel A Bain M. D.

Aug 29, 191 6 (Address) 437 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 29th 1916

20-UNDERTAKER Saml S. E. Causey — ADDRESS 518 N Biddle St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97778 104 C97778

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2750 Fenwick Av ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank R. Hepburn, Jr

(Residence in Baltimore: No. 2750 Fenwick ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 22, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Frank R. Hepburn Sr

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Edna [illegible] Mardy

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank R. Hepburn

(Address) 2750 Fenwick ave

15- ROBERT R. KRAUTER

Filed AUG 28 1916 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 - 1916, to Aug 28th 1916, that I saw h him alive on Aug 27 - 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Fred M. V. Dentr M. D.

Aug 28th, 1916. (Address) Halethorp Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore County	Aug 29, 1916
20-UNDERTAKER Fickler & Fickler	ADDRESS 1739 E. Eager st

IMPORTANT. See instructions on back of certificate.

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 8779 — 104 — C 9779

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1529 Mulberry St.: 6 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wallace Johnson,

(Residence in Baltimore: No. 1529 Mulberry St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
mal	Col.	Baby

6-DATE OF BIRTH, ... June (Month) 6 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 2 mos. 20 ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Leroy Johnson,

11-BIRTHPLACE OF FATHER (State or Country), Balto,

12-MAIDEN NAME OF MOTHER Viola Smith,

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Johnson

(Address) 1529 Mulberry

15- Filed AUG 29 1916, 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Enteritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Fowler (Coroner.) M. D.

191... (Address) 1 E Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet	Aug 29, 1916
20-UNDERTAKER	ADDRESS
R. L. Parham	131 N Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97780 C97780

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. Spring ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Billups

(Residence in Baltimore: No. 317 S Spring St St.: ...yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
28 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Meat .....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Thomas Billups

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lizzbeth Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eustala Jackson

(Address) 317 S. Spring st

15-

Filed ....., 191 AUG 22 1916 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug ..... 23 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to Aug 25 1916, that I saw h in alive on Aug 26 1916, and that death occurred, on the date stated above, at 2.40 A m.

The CAUSE OF DEATH* was as follows:

...Pulmonary Intercalsin.....

.....

.....

..... (Duration) ....yrs. 5 mos. — ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Richard J Eastinger M. D.

Aug 28, 1916 (Address) 1514 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	Aug 27 1916.
20-UNDERTAKER	ADDRESS
John W. Henderson	31 N. Caroline st

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state
important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF

Spec.—8-24-14—M. & T.—2000 Bks.

C97781

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97781

CERTIFICATE OF DEATH.

105

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1906 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert E. Valentine

(Residence in Baltimore: No. 1906 Division St.; 2 yrs., 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male.

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single.

6-DATE OF BIRTH, July 6 (Month) (Day) 1914 (Year)

7-AGE, 2 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: not any infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frank. Valentine

11-BIRTHPLACE OF FATHER (State or Country), Balto, md.

12-MAIDEN NAME OF MOTHER Helena Butler

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helena Butler

(Address) 1906 Division st.

15-

Filed....., 191.. AUG 29 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24th 1916, to Aug 26 1916, that I saw h[illegible] alive on Aug 26 1916, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) 2 yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 3 ds.

(Signed) J. E. Hughes M. D.

Aug 28, 1916 (Address) 1423 Div. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemy

DATE OF BURIAL, Aug 29 1916

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Presstman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

B 097782

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 97782

CERTIFICATE OF DEATH.

105 63X

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Woodyear ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Jones

(Residence in Baltimore: No. 1116 Woodyear St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Infant

6-DATE OF BIRTH, June (Month) 28 (Day), 1914 (Year)

7-AGE, 2 yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Thos. Jones

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lou Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Jones

(Address) 1116 Woodyear St.

15-

Filed AUG 29 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 26 1916, to Aug 27- 1916, that I saw her alive on Aug. 27 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Mal-nutrition due to
improper care & feeding
Underfed &
(Over) partly starved

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Enteritis

(Duration) — yrs. — mos. 5 ds.

(Signed) Chas. L. McCarthy M. D.

Aug. 28 1916. (Address) 906 N. Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Aug. 29 1916

20-UNDERTAKER James H. Dennis — ADDRESS 1305 Freemason St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

James Hines

C97783

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

102

C97783

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Hines

(Residence in Baltimore: No. 1213 W. Cross St St.; 35 yrs., 10 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	married

6-DATE OF BIRTH, Oct 14, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Huckster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas B. Hines

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Louis Fidler

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs James Hines

(Address) 1213 W Cross St

15-

Filed AUG 29 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1916, to Aug 27 1916, that I saw him alive on Aug 27 1916, and that death occurred, on the date stated above, at 12 15 p.m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer with Pyloric Stenosis

not definitely known

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Shock & Exhaustion

(Duration) ....yrs.....mos. 18 ds.

(Signed) G. A. Bowden M. D.

Aug 27, 1916 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 24 ds. In the State 35 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	Aug. 30, 1916
20-UNDERTAKER	ADDRESS
James Bryman & Son	1000 S Paca St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97784

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97784

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Gerado

(Residence in Baltimore: No. Mercy Hospital St.: ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Aug 4, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 0 mos. 24 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Ernar

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Veronica Bordenska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Locust Pt.

15- AUG 29 1916

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 28, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 10 1916, to Aug 28 1916, that I saw him alive on Aug. 28 1916, and that death occurred, on the date stated above, at 10.05 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

about (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Leach M. D.

Aug 28, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 8 ds. In the State ..... yrs. 6 3 mos. ..... ds.

Where was disease contracted, if not at place of death? Locust Point Md

Former or usual residence 1437 Haubert St Locust Pt.

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem. DATE OF BURIAL, Aug 29 1916

20-UNDERTAKER John J Fahey & Sons ADDRESS, 1318 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97785 12 C97785

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 W. Lexington ST.; 20 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delia T. Fully

(Residence in Baltimore: No. 1804 W. Lexington St.; 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED,~~ OR ~~DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, May — (Month) (Day), 1856 (Year)

7-AGE, 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Fully

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. B. Fully

(Address) Catonsville Md.

15-

Filed ....., 191. AUG 29 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 2d 1916, to Aug. 28th 1916, that I saw h.. alive on Aug. 27th 1916, and that death occurred, on the date stated above, at 7:55 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis (Epithelial)

..... (Duration) 1 yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Edw. Kirkbride M. D.

Aug 29th, 1916. (Address) 4 01 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. H. Peters Cemetery

DATE OF BURIAL. Aug. 30; 1916.

20-UNDERTAKER E. M. Mitchell & Co.

ADDRESS 1011 W. Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C97786 C97786

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3729 Belle Ave ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Mary L. Cruse

(Residence in Baltimore: No. 3729 Belle ave. St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): widowed

6-DATE OF BIRTH: April 23, 1843 (Month) (Day) (Year)

7-AGE: 73 yrs. 4 mos. 3 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: retired
(b) General nature of industry, business, or establishment in which employed (or employer): housework

9-BIRTHPLACE (State or country): Louisiana

PARENTS

10-NAME OF FATHER: Washington P. Mann

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Mary Meredith

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry P. Cruse

(Address) 3317 Hallbrook ave

15- 2

Filed AUG 29 1916, 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9, 1916, to, Aug 26 1916, that I saw her alive on Aug 26 1916, and that death occurred, on the date stated above, at 1 55 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(Duration) ..... yrs ..... mos. 17 ds.

Contributory (SECONDARY) Uremic Poisoning

(Duration) 1 yrs ..... mos. ..... ds.

(Signed) Arthur L. Schamfield M. D.

Aug 27, 1916. [Address] 2806 Garrison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Aug 29, 1916

20-UNDERTAKER: E. M. Mitchell Co — ADDRESS: 1201 N. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

C97787

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97787

CERTIFICATE OF DEATH.

81

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 258 Loudon Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Bucking

(Residence in Baltimore: No. 258 Loudon Ave St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, February 7, 1835
(Month) (Day) (Year)

7-AGE, 81 yrs. 6 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Baker

9-BIRTHPLACE, (State or Country), Marburg Germany

PARENTS.

10-NAME OF FATHER, dont know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER — Schott

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Herge (daughter)

(Address) 258 Loudon Ave

15-

Filed ....., 191.... AUG 29 1916 L
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1916, to ..... 191..., that I saw him alive on Aug. 26 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH was as follows:

Arterio Sclerosis — Senile

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

Few hours

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. W. K. Skilling M. D.

Aug. 27, 1916 (Address) 410 Liberty Heights Ave

†State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 29 1916

20-UNDERTAKER Chas F. Wasmus — ADDRESS 217 N. Fulton Ave

C97788

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97788

CERTIFICATE OF DEATH

63 X

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2118 W. Saratoga St. WARD 20)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ray Taylor

(Residence in Baltimore: No. 2118 W Saratoga St.: 4 yrs. 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: June 19, 1912 (Month) (Day) (Year)

7 AGE: 4 yrs. 2 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: John R Taylor

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Martha M Malsberry

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John R Taylor
(Address) 2118 W Saratoga

15 Filed AUG 29 1916 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. 28, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1916, to Aug 25 1916, that I saw h[illegible] alive on Aug. 25, 1916, and that death occurred, on the date stated above, at 8.30 p.m.
The CAUSE OF DEATH* was as follows:

Poliomyelitis

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Paralysis of respiration

(Duration) ..... yrs. ..... mos. — ds.

(Signed) Benjamin Kadow M. D.
Aug 25, 1916 (Address) 252 N. Payson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Edgar Hill Cemetery — DATE OF BURIAL: Aug. 29, 1916. 2 P.M.

20 UNDERTAKER: Geo A Gerber — ADDRESS: Baltimore & Payson Sts.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97789

HEALTH DEPARTMENT—CITY OF BALTIMORE

63X

CERTIFICATE OF DEATH.

C97789

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Payson ST.: 16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Charles Starklauf

(Residence in Baltimore: No. 623 N. Payson St.; 3 yrs., 3 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Wht	Single

6-DATE OF BIRTH, May (Month) 10 (Day), 1913 (Year)

7-AGE, 3 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, E. Henry Starklauf

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Hattie M. Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Henry Starklauf

(Address) 623 N. Payson St

15-

Filed....., 191.... AUG 29 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 28 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1916, to Aug 28 1916, that I saw him alive on Aug 28 1916, and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar
Mucopurulent pneumonia
death due to acute pneumonia 2 hrs
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Improper feeding

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. Bowman Hood M. D.

Aug 28, 1916 (Address) 626 N. Payson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug. 30, 1916.

20-UNDERTAKER Geo. C. Schmatt & Bro — ADDRESS 2101 Eutaw Place

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97790 41 C97790

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Walter S. Trew

(Residence in Baltimore: No. 1514 Division St. St.; ....yrs., mos. 15 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 17, 1860 (Month) (Day) (Year)

7-AGE, 56 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, C. C. Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Trew

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE ~~BEST~~ OF MY KNOWLEDGE.

(Informant) Walter S. Trew

(Address) Chestertown Md.

15- Filed AUG 29 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1916, to Aug 29 1916, that I saw h er alive on Aug 29 1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of colon

..... (Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Ulcerative colitis

..... (Duration) yrs. mos. 2 1 ds.

(Signed) R. T. Kieffer M. D.

Aug. 29, 1916. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Quaker Neck, Kent Co. Md.

Former or usual residence Quaker Neck, Kent Co. Md.

19-PLACE OF BURIAL, OR REMOVAL, Chestertown Md. DATE OF BURIAL, Aug. 30, 1916

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 120 E. Fayette

C97791

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

66

C97791

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 738 W. 34th St. ST.: 13 (WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas R. Holt.

(Residence in Baltimore: No. 738 W 34th St ST.: ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: June 12, 1890 (Month) (Day) (Year)

7 AGE: 26 yrs. 2 mos. 16 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Alfred Holt.

11 BIRTHPLACE OF FATHER (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Mary P. Phillips

13 BIRTHPLACE OF MOTHER (State or country): Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lena Holt
(Address) 738 W. 34th St.

15.
Filed ..., 191 AUG 29 1916 Z
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 25, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1916, to Aug 27 1916 that I saw him alive on Aug 27 1916, and that death occurred, on the date stated above, at 1.45 a m.
The CAUSE OF DEATH* was as follows:

Asthenia, following an accident 5 years ago which resulted in complete paralysis below the thorax.
(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Fracture lumbar spine caused by fall.
(Duration) 5 yrs. ... mos. ... ds.

(Signed) Richard C. Harlow M. D.
8-25, 1916. (Address) 3513 Chestnut Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St. Marys Hampden
DATE OF BURIAL: Aug. 30, 1916

20 UNDERTAKER: Horace Burgee & Son
ADDRESS: 3631 Hall Road

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97792 — 120 — C97792

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Harlem Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley Hooper.

(Residence in Baltimore: No. 1708 Harlem Ave St.; 47 yrs., 3 mos. 18 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 10" (Day), 1871 (Year)

7-AGE, 45 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber.
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Hooper

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary E. Vernetzon

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Coyne Hooper

(Address) 1708 Harlem Ave

15- AUG 29 1916 ROBERT B. [illegible]

Filed....., 191..... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to Aug 25 1916, that I saw h[illegible] alive on Aug 27 1916, and that death occurred, on the date stated above, at 10a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) .....yrs. 9 mos. .....ds.

CONTRIBUTORY (Secondary) Chr. nephritis

(Duration) 3 yrs. .....mos. .....ds.

(Signed) Homer G. Stockett M. D.

Aug 28, 1916. (Address) 735 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

18-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, Aug. 30, 1916

20-UNDERTAKER Joseph B Cook ADDRESS 1003 N. Balto St

GENERAL AFFIDAVIT THE DAILY RECORD CO. PRINT, BALTIMORE, MD.

State of Maryland, City of Baltimore **to wit:**

BE IT REMEMBERED, *That on this* 30th *day of* September *A. D., 1911, before me, the subscriber, a* Notary Public *of the said state, in and for the* City *aforesaid, personally appeared* Mrs Sarah F Hodge

and made oath in due form of law that the attached certificate of the Health Department bearing my official seal is true with exception that the age should read 45 years 3 months and 18 days

Edwin G. Lehmann
Notary Public

Error was the Doctors & not this officers Ed

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97793 C97793

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 Raynor Ave ST.; 16 WARD) REGISTERED NO. C

2-FULL NAME Baby Balzer

(Residence in Baltimore: No. 2735 Raynor Ave St.; ..... yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug (Month) 27 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 36 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, Henry James Balzer

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Pearl Miller

13-BIRTHPLACE OF MOTHER (State or Country), Balto, md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Balzer

(Address) 2735 Raynor Ave

15- Filed AUG 29 1916, 191.... L Registrar.

N 240

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I saw h... alive on ..... 191...,
and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:
Premature Birth
Cong. debility
..... (Duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Ex Pneumo
..... (Duration) ... yrs. ... mos. ... ds.
(Signed) John A. Mutaw M. D.
Aug 29, 191.. (Address) 1003 Poplar Gr.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Aug 28, 1916.

20-UNDERTAKER Martin Fahey & Sons — ADDRESS 106 Lafayette Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS BLANK

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(97794 (97794

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Oliver

(Residence in Baltimore: No. 1305 Argyle Ave. St.; 0 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) single

6-DATE OF BIRTH, Aug. 26th (Month) (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Oliver

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Bertha Matthews

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Harris, M.D.

(Address) Johns Hopkins Hosp

15- Filed AUG 29 1916, 191.. ROBERT R. KRAUTH Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 26th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 26th 1916, to Aug. 26th 1916, that I saw him alive on Aug. 26th 1916, and that death occurred, on the date stated above, at 6 40 P m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ascites

(Duration) yrs. mos. ds.

(Signed) W. E. Burket M. D.

Aug 26, 191.. (Address) J. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191..

20-UNDERTAKER ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPERATIVE.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HOPKINS HOSP

Commissioner Health.

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

Josephine Intileson

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97795

CERTIFICATE OF DEATH.

104 C97795

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 4095 Sh p ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Intileson

(Residence in Baltimore: No. 469 S Sharp st. St.; ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS BLANK MUST NOT BE FOLDED.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 13 (Month) (Day), 1915 (Year)

7-AGE, ...yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Solts Md.

PARENTS.

10-NAME OF FATHER, Carmelo Intileson

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Angelo Bujo

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Damaro

(Address) 226 S. Howard st.

15- AUG 29 1916 Filed....., 191.... ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to Aug 28 1916, that I saw her alive on Aug 28 1916, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Intestinal Intoxication

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Valentine M. D.

Aug 29, 1916. (Address) 16 E Brady

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery DATE OF BURIAL, Aug 30, 1916

20-UNDERTAKER John J Fahey ADDRESS 1318 Light St

C97796

HEALTH DEPARTMENT---CITY OF BALTIMORE

C97796

CERTIFICATE OF DEATH

61

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. #3536 Poole St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine A. Kraft

(Residence in Baltimore: No. 3556 Poole St; yrs. 6 mos. 13 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Mulatto

5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Sept. (Month) 16 (Day), 1916 (Year)

7-AGE: 6 yrs. 13 mos. ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Geo Kraft

11-BIRTHPLACE OF FATHER (State or country): Balto. Md

12-MAIDEN NAME OF MOTHER: Grace Thompson

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): George Kraft

(Address): 3556 Poole st.

15 AUG 29 1916 — Filed ....., 191 — ROBERT R. KRAUT... Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 28 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 191 6, to, Aug 28 191 6, that I saw h.. alive on Aug 28 191 6 and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) ..... yrs ..... mos. 1 ds.

Contributory (SECONDARY): Marasmus

..... (Duration) ..... yrs 2 mos 5 ds.

(Signed) Verna F Kelly M. D.

Aug 28, 1916 [Address] 3 Jos. Falls Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence ?

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Aug 30. 1916

20-UNDERTAKER: Clemount Fit + Son — ADDRESS: 1367 Chestnut Ave

---

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97797

Spec.—5-19-13—M. & T.—500 Bks.

B C97797

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97797

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Calhoun ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel J. Maldeis

(Residence in Baltimore: No. 913 N. Calhoun St.; ... yrs., 2 mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ Single (*Write* the word.)

6-DATE OF BIRTH, June (Month) 28 (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Arthur J. Maldeis

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Marion Dampf

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur J. Maldeis

(Address) 913 N. Calhoun St

15- Filed AUG 29 1916, 191.. ROBERT R. KRAUTH Registrar. Burial Permit Only

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 19 1916, to Aug. 28 1916, that I saw h— alive on Aug. 28 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) 5 yrs. 5 mos. 10 ds.

CONTRIBUTORY (Secondary) Hallucination

(Duration) 2 yrs. ... mos. 8 ds.

(Signed) Wm. G. Stiefel M. D.

Aug 29, 191.. (Address) 216 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Aug. 30, 1916

20-UNDERTAKER: George J. Smith — ADDRESS: 1000 W. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97738 ×172 C97798

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harter, Mason

(Residence in Baltimore: No. None Washington Ave. St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	single

6-DATE OF BIRTH, January 26, 1898, 1
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
18 yrs. 7 mos. 3 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Washington, D. C.

PARENTS.

10-NAME OF FATHER, William Johnson

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Nora Wilson

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Joseph R. Wilson

(Address) Wash. D. C.

15 AUG 29 1916 ROBERT R. KRAUTH
Filed....., 191... Registrar
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary cuts as described by ... Ruptured and severing Artery ... 5 Days (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) ... (Coroner.) ... M. D.

Aug 29, 191 6 (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Wash. D. C.	Aug 29, 1916
20-UNDERTAKER	ADDRESS
Henry W. Means & Son	705 N. Eutaw St

Via Adams Exp. — Penn R.R.

111111

C97799

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97799

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 707 N. Appleton ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George R. Goodman

(Residence in Baltimore: No. 707 N Appleton St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 13, 1837
(Month) (Day) (Year)

7-AGE, 79 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Thomas W. Goodman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary A. Oldham

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma M. Gardner

(Address) 707 N. Appleton

15- AUG 29 1916 Filed....., 191.... ROBERT R. KRAUS Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) 2 yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Colds & Exposure

with Kidneys (Duration) 6 yrs. 6 mos. 6 ds.

(Signed) J. H. Patterson (Coroner) M. D.

Aug 29, 1916 (Address) 819 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.)

At place of death ....yrs. ....mos. 24 ds. In the State ....yrs. ....mos. 2 ds.

Where was disease contracted, if not at place of death? Fractures from fall on street

Former or usual residence 707 N. Appleton St.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Sept., 1916

20-UNDERTAKER Wm Cook ADDRESS 502 North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97800 C97800

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 E Preston St.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalina Salzenstein

(Residence in Baltimore: No. 2514 E. Preston St.; St.; 49 yrs., moc. ds.)

WRITE PLAINLY, WITH UNFADING INK. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March (Month) 10 (Day), 1846 (Year)

7-AGE, 70 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Harman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gorschboth

(Address) 2514 E. Preston

15- Filed AUG 29 1916 191.... ROBERT E. KRAUT... Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 27 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 19 1916, to Aug 27 1916, that I saw her alive on Aug 26 1916, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 6 ds.

(Signed) J. W. Keller M. D.

Aug. 27. 1916. (Address) 118 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lohwerts

DATE OF BURIAL, Aug. 30 1916

20-UNDERTAKER Hull Cook

ADDRESS 307 E Northam

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97801 28 C97801

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 123 N Belnord Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James G. Gillespie

(Residence in Baltimore: No. 123 N. Belnord Ave St.; ..... yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Jan (Month) 17 (Day) 1885 (Year)

7-AGE: 31 yrs. 7 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Letter Carrier
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: James. G. Gillespie

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Catherine Frank

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nellie. Gillespie

(Address) 123 Belnord.

15- ...

Filed AUG 29 1916, 191.....

ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27, 1916, to Aug 28 1916, that I saw h.. alive on Aug 28 1916, and that death occurred, on the date stated above, at 8.P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 3 mos. 1 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Turner Jr M. D.

Aug 29 191.. [Address] 121 N. Belnord

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Sept. 1st. 1916

20-UNDERTAKER: Wendel, Dippel & Son

ADDRESS: Lombard & Ann

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97802 28 C97802

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Madison Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Virginia Ames

(Residence in Baltimore: No. 902 Madison Ave St.; 31 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Married

6-DATE OF BIRTH, July (Month) 3 (Day), 1885 (Year)

7-AGE, 40 yrs. 1 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Pungoteague Va

PARENTS.

10-NAME OF FATHER, Elijah M. Ames

11-BIRTHPLACE OF FATHER (State or Country), State of Va

12-MAIDEN NAME OF MOTHER Caudalia Mears

13-BIRTHPLACE OF MOTHER (State or Country), State of Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. V. Ames

(Address) 902 Madison Ave

15- AUG 29 1916, 191 ROBERT R. KRAUTH Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1916, to Aug 29 1916, that I saw her alive on Aug 28 1916, and that death occurred, on the date stated above, at 6 22 a.m.

The CAUSE OF DEATH* was as follows: Pneumonia Hemorrhage

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John S. Bishop M. D.

Aug. 29., 1916 (Address) 828 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Onancock

19-PLACE OF BURIAL OR REMOVAL, Accomac Co Va — DATE OF BURIAL, Aug 30..., 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 Northwe

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97803 C97803

CERTIFICATE OF DEATH. 91

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Casey

(Residence in Baltimore: No. Little Sisters of the Poor St.; 30 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	W Irish	Single

6-DATE OF BIRTH. Feby. (Month) 15th (Day), 1853 (Year)

7-AGE.	If LESS than 1 day,
63 yrs. 6 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Burlington Vermont

PARENTS.

10-NAME OF FATHER, William Casey

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Anne Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedit

(Address) Little Sisters of the Poor

15-

Filed ....., 191.... AUG 30 1916 L

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 29th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from [illegible] 191[illegible], to ..... 191....., that I saw h[illegible] alive on [illegible] 191[illegible], and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Arterio Sclerosis

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

..... (Duration).....yrs.....mos.....ds.

(Signed) J. [illegible] M. D.

Aug 30, 191... (Address) 153 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. mos. ds. In the State [illegible] yrs. [illegible] mos. [illegible] ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cem. Q.Q.	Aug. 31st, 1916.
20-UNDERTAKER	ADDRESS
C. Schloman & Son	1039 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

C97804

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97804

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 E Clement St.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. N. Lowman.

(Residence in Baltimore: No. 442. E Clement St. St.: ....yrs.,....mos.....ds.)

WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, September 5, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Walter Lowman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Evelyn M Kidd

13-BIRTHPLACE OF MOTHER (State or Country), South Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Lowman

(Address) 442 E Clement St

15- AUG 30 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 29th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 14 1916, to Aug 29th 1916, that I saw h[illegible] alive on Aug 28th 1916, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Measles Enteritis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Jno. N. Bonne M. D.

Aug 29th 1916. (Address) 1233 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill

DATE OF BURIAL, Aug. 30th, 1916

20-UNDERTAKER E & B Hank

ADDRESS 115 E Hoffman St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12 C97805

CERTIFICATE OF DEATH.

176 C97805

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 10 1 E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Deboer.

(Residence in Baltimore: No. 1010 S. Potomac St. Hospital Ward

St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Nov. (Month) 22 (Day), 1851 (Year)

7-AGE, 64 yrs. 9 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, unknown.

11-BIRTHPLACE OF FATHER (State or Country). unknown.

12-MAIDEN NAME OF MOTHER unknown.

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Barbara Deboer

(Address). 1010 S. Potomac St.

15- Filed AUG 30 1916 191 ROBERT R. KRAUTH Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 28 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21 191, to Aug 28 1916, that I saw him alive on Aug 28 1916, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate
(Operated)

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) unknown yrs. mos. ds.

(Signed) C. C. Hoole, M. D.

Aug 28, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 8 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown.

Former or usual residence 1919 S. Potomac St. City.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Aug 31., 191.6

20-UNDERTAKER Pickler & Pickler — ADDRESS 1737 E. Eager

WRITE PLAINLY, WITH UNFADING INK. [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97806

CERTIFICATE OF DEATH.

104 C97806

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 439 W Henrietta ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inez Ewell

(Residence in Baltimore: No. 439 W Henrietta St.; ....yrs.... mos. ds.)

WRITE PLAINLY, WITH PEN AND INK. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, March (Month) 2 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day.
....yrs. 6 mos. 26 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Geo Ewell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Ewell

(Address) 439 W Henrietta St

15-

Filed....., 191.... AUG 30 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1916, to Aug 28 1916, that I saw h Ev alive on Aug 28 1916, and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) A F McCandlish M. D.

8/29, 1916 (Address) 2005 L Hill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 30 1916

20-UNDERTAKER John H. Joden — ADDRESS 142 W Lee St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97807 C97807

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Men + Womans Home 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jones

(Residence in Baltimore: No. 1622 Druid Hill Ave St.; 11 yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH PENCIL OR PEN AND INK. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1845 (Year)

7-AGE,	If LESS than 1 day,
71 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Pulley

(Address) 1622 Druid Hill Ave

15-

Filed ... 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8-27-1916, to 8-29-1916, that I saw him alive on 8-27-1916, and that death occurred, on the date stated above, at 5 A.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm. H. Corgill M. D.

8-30-, 191.6 (Address) 430 W Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 11 yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Aug 31, 191...
20-UNDERTAKER John H Tradum	ADDRESS 1512 W Fayette St

C97808

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C97808

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Emerson Hotel St.: 4 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thomas Cathell

(Residence in Baltimore: No. Emerson Hotel St.: 4 yrs. 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: December 4, 1864 (Month) (Day) (Year)

7-AGE: 51 yrs. 8 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10-NAME OF FATHER: Daniel W Cathell

11-BIRTHPLACE OF FATHER (State or country): Worcester Co. Md

12-MAIDEN NAME OF MOTHER: Jennette V. Bond

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John L Kinnaird

(Address) The Emerson Hotel

15.

Filed AUG 30 1916 ROBERT R. KRAUTH REGISTRAR Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 29, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 18th, 1916, to Aug 29 1916 that I saw h— alive on Aug 29 1916, and that death occurred, on the date stated above, at 2.7 A m.

The CAUSE OF DEATH* was as follows:

Terminal Symptoms of Diabetes Mellitus of 12 years duration

(Duration) 12 yrs. ..... mos. ..... ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D W Cathell MD M. D.

Aug 29, 1916 (Address) 1636 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Aug 31st 1916

20-UNDERTAKER: H. Sander Son ADDRESS: 1710 Pleasant

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97809

CERTIFICATE OF DEATH.

120 C97809

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp ST.; 10 WARD)

REGISTERED No. C

2-FULL NAME Clara Heimann

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1011 Asquith st St.; about 40 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug (Month) 16 (Day), 1845 (Year)

7-AGE, 71 yrs. — mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Bernard Pieper

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Ostelmacher

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Thoma

(Address) 930 N. Eutaw St

15-

Filed AUG 30 1916 191.... ROBERT R. KRAUT Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 29 (Month) (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 17 1916, to August 29 1916, that I saw her alive on Aug 29 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

dont Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute oedema of lungs

dont Know (Duration) yrs. mos. ds.

(Signed) William F. O'Neill M. D.

Aug 29 1916. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 4 mos. 12 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? dont Know

Former or usual residence 1011 Asquith St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Sept 1, 1916

20-UNDERTAKER Henry Hosch Son — ADDRESS 1301 E Eager St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

Robert Mon

C97810 Robert Moss C97810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 13 n Dunbar St.: 6 WARD)

(If death occurred in a hospital or institution, give Its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Robert moss

(Residence in Baltimore: No. 3317 Barclay St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... March (Month) 27 (Day) 53 (Year)

7-AGE, 63 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Labor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Moss

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER, Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Jones

(Address) 13 n Dunbar

15- Filed AUG 3 0 1916 191 ROBERT R. KRAUTH Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurors (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chron. Alcoholism

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) ..... (Coroner) M. D.

Aug 30 1916 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Druid Cem. DATE OF BURIAL, Aug 30, 1916

20-UNDERTAKER Theodore Wirth ADDRESS 1135 W Fayette

N. 2—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

Spec.—8-24-14—M. & T.—2000 Bks.

C97811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97811

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 S. Streeper ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Anna Lisiecki

(Residence in Baltimore: No. 603 S. Streeper St.; 33 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 10 (Day), 1862 (Year)

7-AGE, 54 yrs. 2 mos. 18 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Martek

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Choynatski

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Lisiecki

(Address) 603 S. Streeper St.

15-

Filed ....., 1916 ..... Registrar.

JUN 30 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 28. (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to August 28 1916, that I saw h[illegible] alive on August 26 1916, and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute edema of the lungs (Duration) yrs. mos. ds.

(Signed) Eugene Zeller M. D.

Aug 28, 1916 (Address) 1818 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Mary's Trappe Road

DATE OF BURIAL, Aug 31, 1916

20-UNDERTAKER Jacob Trallowski

ADDRESS 428 S Bond St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97812 — C97812

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 S. Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ginia Pas'Ro

(Residence in Baltimore: No. 528 S. Bond St.; ...yrs. 10 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, October 14, 1915.
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
...yrs. 10 ...mos. 15 ...ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, San Pas'Ro

11-BIRTHPLACE OF FATHER (State or Country), Poland Austria

12-MAIDEN NAME OF MOTHER Kary Kral

13-BIRTHPLACE OF MOTHER (State or Country). Poland Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kary Pas'Ro

(Address) 528 S. Bond St.

15-

Filed AUG 30 1916, 191.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 11 1916, to August 28 1916, that I saw her alive on August 28 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

.....

.....

Gastro Enteritis

..... (Duration) ...yrs. 2 ...mos. ...ds.

CONTRIBUTORY (Secondary) Inanition

..... (Duration) ...yrs. ...mos. 20 ...ds.

(Signed) L. L. Burnett M. D.

August 30 1916. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug. 31, 1916.

20-UNDERTAKER William Fiaskowski — ADDRESS 616 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT, CITY OF

Spec.—8-24-14—M. & T.—2000 Bks.

C97813

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97813

CERTIFICATE OF DEATH.

145

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Daugherty

(Residence in Baltimore: No. 431 Richards Ave St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug (Month) 21 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Moving

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Dougherty

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah Behan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Dougherty

(Address) 431 Richards ave

15-

Filed AUG 30 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21 1916, to Aug 29 1916, that I saw h.m alive on Aug 29 1916, and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Sepsis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Impetigo Contagiosa

(Duration) ....yrs. ....mos. 5 ds.

(Signed) Ernest H. G. Krieger M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 9 ds. In the State....yrs....mos. 9 ds.

Where was disease contracted, if not at place of death? St Josephs Hosp.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem DATE OF BURIAL, 8/30, 191.6

20-UNDERTAKER Chas P. Evans & Son ADDRESS 1180 N Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97814

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97814

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. V131 E Preston ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie M. Clarke

(Residence in Baltimore: No. V131 E Preston St.; Lifetime ..yrs.. ..mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 13 (Day) 1890 (Year)

7-AGE, 26 yrs. 1 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm S. Cauzens

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ella Mills

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jerry F Clarke

(Address) V134 E. Preston St

15-

Filed ....., 191.. AUG 30 1916 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24 1916, to Aug 29 1916, that I saw her alive on Aug 28 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

..... (Duration) ..yrs. 1 mos. ..ds.

CONTRIBUTORY (Secondary) Tubercular Pneumonia

..... (Duration) ..yrs. ..mos. 2 ..ds.

(Signed) James M Linton M. D.

Aug 29 1916. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem | DATE OF BURIAL, Sept 1, 191..

20-UNDERTAKER Chas. P. Evans & Son | ADDRESS 1810 W. Mt Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97815

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97815

CERTIFICATE OF DEATH

50

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 854 ½ W Lemmert ST.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George F. Mason

(Residence in Baltimore: No. 854 ½ W Lemmert St.: 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word)
Male	White	Married

6-DATE OF BIRTH November 17, 1841 (Month) (Day) (Year)

7-AGE 75 yrs. 9 mos. 11 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Musician Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Employer Mgr

9-BIRTHPLACE (State or country) City —

PARENTS

10-NAME OF FATHER William Mason.

11-BIRTHPLACE OF FATHER (State or country) Balto City —

12-MAIDEN NAME OF MOTHER Ellen Fenton.

13-BIRTHPLACE OF MOTHER (State or country) Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Robert A. Mason

(Address) 854 ½ W. Lombard St

15- Filed AUG 30 1916, 191 8/30/16 L REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH August 28, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1915, to, August 28 1916, that I saw h~~im~~ alive on August 28, 1916, and that death occurred, on the date stated above, at 4 ~~P~~ m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) One yrs. — mos. — ds

Contributory (SECONDARY) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Fred D Blake M. D.

Aug 29, 1916. (Address) 1014 N Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Aug 31, 1916

20-UNDERTAKER George J. Smith ADDRESS 880 Fayette St W

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97816

CERTIFICATE OF DEATH.

C97816

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Park Ave ST.; 14 WARD) REGISTERED NO. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Emmitt Cassell

(Residence in Baltimore: No. 1407 Park Ave St.; 43 yrs., ? mos. ? ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, April (Month) 26 (Day), 1838 (Year)

7-AGE, 78 yrs. 4 mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Architect
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Portsmouth Va.

PARENTS.

10-NAME OF FATHER, Charles Cassell

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Sarah Murray

13-BIRTHPLACE OF MOTHER (State or Country), Washington D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr R. T. Chiles

(Address) Norfolk Va.

15-

Filed ..., 191... AUG 30 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 19 1916, to August 29 1916, that I saw him alive on August 28th 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis, Myocarditis

Chronic Nephritis

(Duration) 5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia, Bronchial

(Duration) 0 yrs. 0 mos. 10 ds.

(Signed) Chas. L. Cornell M. D.

Aug. 29, 1916. (Address) 1327 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Portsmouth Va. DATE OF BURIAL, Aug. 30, 1916

20-UNDERTAKER Stewart & Warren Co ADDRESS 108 W. North

Spec.—8-24-14—M. & T.—2000 Bks.

C97817

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

C97817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C97817

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Valley ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Elizabeth Rick

(Residence in Baltimore: No. 920 Valley St.; ..... yrs., 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, May (Month) 12 (Day), 1916 (Year)

7-AGE, ... yrs. 3 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Henry A Rick

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Pearl Dooter

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry A. Rick

(Address) 920 Valley St

15- AUG 30 1916

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 29 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from August 26 1916, to August 29 1916, that I saw him alive on August 29 1916, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

Exhaustion

Convulsions

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Follow Influenza

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Dr H W Hammond M. D.

Aug 29, 1916 (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Marys (Hampden)

DATE OF BURIAL, Aug 31, 1916

20-UNDERTAKER John Herring & Co

ADDRESS 2008 Bleam

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97818 HEALTH DEPARTMENT—CITY OF BALTIMORE C97818

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Homes Inf. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Ewing

(Residence in Baltimore: No. St Helena 16 Balto Md St.; ...yrs., 16 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 7 (Month) 9 (Day), 1900 (Year)

7-AGE, 16 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer Engine
(b) General nature of industry, business, or establishment in which employed (or employer): Shipyard

9-BIRTHPLACE, (State or Country), St Helena Balto co

PARENTS.

10-NAME OF FATHER, Edward Ewing.

11-BIRTHPLACE OF FATHER (State or Country) Loudon Co. Va.

12-MAIDEN NAME OF MOTHER Sara Elizabeth Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Harford co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. B. Garner M.D.

(Address) Church Homes Inf.

15- Filed AUG 30 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from aug 9th 1916, to aug 29 1916, that I saw him alive on aug 29th 1916, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(Duration) ...yrs. ...mos. ...ds.

(Signed) Samuel S. Stein M. D.

Aug 29, 1916. (Address) Baltimore Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem

DATE OF BURIAL, Aug 2, 1916.

20-UNDERTAKER J Herring & Co

ADDRESS 2005 Alisan

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED No. C 97819

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Spicer

(Residence in Baltimore: No. 304 N. Bond St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 3 (Day), 1913 (Year)

7-AGE, ... yrs. 3 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Dan Matthews

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Cora Spicer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. J. Smith

(Address) Johns Hopkins Hospital

15- Filed AUG 30 1916, 191.... HARRY O. ARMEL Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 29 1916, to August 29 1916, that I saw her alive on August 29 1916, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Imes M. D.

Aug. 30, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 304 N. Bond St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery | DATE OF BURIAL, Aug 30, 1916

20-UNDERTAKER Chas. J. Linsenmeyer | ADDRESS 46 N. Caroline St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

C97820

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C97820

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 W. Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah R. Glinkyman

(Residence in Baltimore: No. 1139 W. Lombard St.; 16 yrs., 2 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 22 (Day), 1850 (Year)

7-AGE, 66 yrs. 2 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... HW

9-BIRTHPLACE, (State or Country) Martinsburg W. Va

PARENTS.

10-NAME OF FATHER, John M. Chambers

11-BIRTHPLACE OF FATHER (State or Country) Martinsburg W. Va

12-MAIDEN NAME OF MOTHER Emily Reed

13-BIRTHPLACE OF MOTHER (State or Country) Martinsburg W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. V. Brown

(Address) 1139 W. Lombard St.

15- AUG 30 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1916, to Aug 28 1916, that I saw her alive on Aug 28 1916, and that death occurred, on the date stated above, at 11:35 A. m.

The CAUSE OF DEATH* was as follows:

Right Hemiplegia and Aphasia

(Duration) Still 8 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorrhage

(Duration) 1 yrs. 6 mos. 3 ds.

(Signed) Harry C. Old M. D.

Aug 28., 1916. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Aug 31..., 1916

20-UNDERTAKER John J. Fields

ADDRESS 1200 W. Lombard st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97821 — 68 — C97821

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 251 S. Broadway ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Albert

(Residence in Baltimore: No. 251 S. Broadway St.; 39 yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 13 (Day), 1877 (Year)

7-AGE, 39 yrs. 1 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, George Albert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Wills

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Albert

(Address) 251 S. Broadway

15- AUG 30 1916 Filed....., 191.... HARRY C. ANDREAE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 28 — (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19 1916, to Aug 28 — 1916, that I saw h— alive on Aug 27 — 1916, and that death occurred, on the date stated above, at 5.10 p. m.

The CAUSE OF DEATH* was as follows:

Sub Acute Mania with Delusions

(Duration) 1 mos. ds.

CONTRIBUTORY (Secondary) Moral Insanity

(Duration) — yrs. 2 mos. 10 ds.

(Signed) [illegible] M. D.

Aug 29, 1916. (Address) 12 E. Mt. [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Schwartzs Cemetery	Aug. 31, 1916
20-UNDERTAKER	**ADDRESS**
Wm. C. Black,	927 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C97822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169

C97822

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier 10 Locust Point ; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Petrucka

(Residence in Baltimore: No. 648 Columbia Ave St.: yrs. 5 mos. ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Don't know, 1 (Month) (Day) (Year)

7-AGE, 26 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stevador
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER Simon Petrucka

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ignatute Martha.

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Petrucka (Brother)

(Address) 648 Columbia Ave

15- AUG 30 1916 Filed....., 19.. Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Lembardt M. D. (Coroner.)

Aug 30 1916 (Address) 107 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug. 31, 1916

20-UNDERTAKER John Geblenionas — ADDRESS 540 S Paca St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C97822

B C97823

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C97823

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 531 Oxford St. 17 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delaine Breckenridge

(Residence in Baltimore: No. 531 Oxford St

St.; 1 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Femal

4-COLOR OR RACE: Colr

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug (Month) ..... (Day) ....., 1915 (Year)

7-AGE: 1 yrs. 7 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Shadmore
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or country): Know

12-MAIDEN NAME OF MOTHER: Know

13-BIRTHPLACE OF MOTHER (State or country): Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nancy Breckenridge

(Address) 531 Oxford St

AUG 30 1916

Filed ....., 191.... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 23rd, 1916, to Aug 29, 1916, that I saw her alive on Aug 29, 1916, and that death occurred, on the date stated above, at 3, P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. P. McCormick M. D.

Aug 29, 1916 (Address) 1421 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: [redacted]

DATE OF BURIAL: Aug 31, 1916

20-UNDERTAKER: Daniel Eagler

ADDRESS 916 Penna ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT...

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97824 105 C97824

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 158 Cast ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Clement

(Residence in Baltimore: No. 15 S. Caroline St.; 3 yrs., 8 mos., 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 19, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Joseph Clement

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Josephine Lauccna

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Clement

(Address) 15 S. Caroline St.

15-

Filed AUG 30 1916, 191.....

HARRY C. ANDE... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Aug 29 1916, that I saw h— alive on Aug 29 1916, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

.....Cyanosis.....
.....Acute Enteritis.....
.....
..... (Duration).....yrs.....mos.....7.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

Aug 31 1916 (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters	Aug 31 1916
20-UNDERTAKER John J Cowan	ADDRESS 901 Hollins

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. In the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 97825 C97825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-2

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Dimeler

(Residence in Baltimore: No. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 26 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, ...hrs. or 45 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Dimeler

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mabel Adams

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- AUG 30 1916 MARY C. ANELL

Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1916, to Aug 26 1916, that I saw him alive on Aug 26 1916, and that death occurred, on the date stated above, at 1:30 P.m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage.....
(Forceps delivery).....
.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) J. J. Wolff M. D.

8-29..., 191.6 (Address) University Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,

DATE OF BURIAL, ..., 191...

20-UNDERTAKER

ADDRESS

COLLEGE OF P. & S. Commissioner Health.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

B C97826 HEALTH DEPARTMENT—CITY OF BALTIMORE 104 C97826

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 W West St. ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth M. Stubbins

(Residence in Baltimore: No. 19 W West St. St.; ..... yrs., 7 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Jan 21, 1914
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 8 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Wm H Stubbins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Matilda S. Brandy

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M Stubbins

(Address) 19 W West St.

15- AUG 30 1916 Filed ..... 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Aug 29 1916, that I saw her alive on Aug 28 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Acute
Gastro-Enteritis
.....
..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Convulsions
..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. T. Campbell M. D.

Aug 29 1916 (Address) 1614 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, Aug 31 1916

20-UNDERTAKER P. F. M. D. Flynn ADDRESS 1422 Light

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97827 28 C97827

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Carlton St.; 17 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lloyd A. Hackett

(Residence in Baltimore: No. 1715 Carlton St.; 6 yrs., 7 mos., 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. June 6th, 1910 (Month) (Day) (Year)

7-AGE. 6 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Chas. A. Hackett,

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Josephine Burke

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. A. Hackett

(Address) 1715 Carlton St

15- Filed AUG 30 1916 19.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 30th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 7th 1916, to Aug. 30th, 1916, that I saw h[illegible] alive on August 28th 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows: Pneumonia Acute

..... (Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary) Toxic Amblyopia

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) A. Ray Ellis M. D.

Aug 30, 1916. (Address) 2 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Ostury Cem. Balto Co. DATE OF BURIAL, Sept 1, 1916

20-UNDERTAKER William Cook ADDRESS 502 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97628 X43 C97628

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH Howard A Kelly Sanitorium

CITY OF BALTIMORE: (No. 1418 Eutaw Place St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Ida Friedman.

(Residence in Baltimore: No. 1418 Eutaw Place St.; ..... yrs., ... mos. 33 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 10th, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. 7 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Henry Rosr

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Dora Gold

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S Friedman

(Address) Birmingham Ala

15- AUG 30 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 31 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1916, to August 31 1916, that I saw h er alive on August 31, 1916, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma breast

Pathological diagnosis

Great pain

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Metastasis to lungs

Arsenic 6 months

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. Glenn Hurst M. D.

Sept 3rd, 191.6 (Address) 1418 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 33 ds. In the State ..... yrs. ..... mos. 33 ds.

Where was disease contracted, if not at place of death? don't know.

Former or usual residence 1208 1st Ave Birmingham Ala

19-PLACE OF BURIAL OR REMOVAL, Birmingham Ala

DATE OF BURIAL, Aug 31, 1916

20-UNDERTAKER David Sondheim

ADDRESS 1182 W Pratt

HEALTH DEPARTMENT—CITY OF BALTIMORE

WRITE PLAINLY, WITH UNFADING INK. This is a permanent record.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C97829

C97829

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 411 Gorman Ave St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roberta Wilmot Murphy

(Residence in Baltimore: No. 411 N. Gorman Ave St.: 41 yrs. 6 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb 29, 1875 (Month) (Day) (Year)

7-AGE: 41 yrs. 6 mos. 0 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Robert Hamilton Foster

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Amanda Sweeney

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter C Bacon

(Address) 100 E 20th St

15. Filed AUG 30 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 29, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November, 1915, to Aug 29 1916, that I saw her alive on Aug 29, 1916, and that death occurred, on the date stated above, at 4.15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 1 mos. ds

Contributory (SECONDARY) Cardiac failure

(Duration) yrs. mos. 2 ds

(Signed) Walter C Bacon M. D.

8/29/16, 191.. (Address) 100 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Aug 31st, 1916

20-UNDERTAKER: Geo A Gerber — ADDRESS: Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

C97830 C97830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Whiting

(Residence in Baltimore: No. 1604 Division St.; 57 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1859 (Year)

7-AGE, 73 yrs. \ mos. \ ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Drayman
(b) General nature of industry, business, or establishment in which employed (or employer) Own team

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Frank Whiting

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mrs. Charlotte Whiting

(Address). 1604 Division Street

15- AUG 31 1916 ROBERT R. KRAETER

Filed ....., 191.... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) – 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 1916, to Aug 28 1916, that I saw him alive on Aug 28 1916, and that death occurred, on the date stated above, at 9.40a m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) 6 yrs. unknown mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 2 mos. 14 yrs.

(Signed) W. Bernard Hughes M. D.

Aug 29, 1916 (Address) 141 S. Hill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Aug. 31, 1916

20-UNDERTAKER Geo. L. Holland

ADDRESS 542 Robert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Where CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B. 97831 — 151 — 97831

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Cumberland ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace H. Lloyd

(Residence in Baltimore: No. 732 Cumberland St.; ... yrs., 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Femal

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Child

6-DATE OF BIRTH: July 12th, 1916 (Month) (Day) (Year)

7-AGE: ... yrs. 1 mos. 18 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: William H. Lloyd

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Annie Berger

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Lloyd

(Address) 732 Cumberland St.

15- Filed AUG 31 1916, 191... ROBERT R. KRAUTH Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21st 1916, to Aug 29th 1916; that I saw h[er] alive on Aug 29th 1916; and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Inanition

... (Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Inability to take food

... (Duration) ... yrs. 7 mos. 3 ds.

(Signed) William J. Sullivan M. D.

8/30, 1916 (Address) 1201 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Aug 31st 1916

20-UNDERTAKER: Mr & Mrs John H. Deufel

ADDRESS: 801 W. Fayette St.

N.B.—Every item of information should be carefully supplied. AGE should be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C97832

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1228 Glyndon ave ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Hickey

(Residence in Baltimore: No. 1228 Glyndon ave St.; yrs., 55 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, May (Month) 2 (Day), 1863 (Year)

7-AGE,	If LESS than 1 day,
53 yrs. 3 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Michael Hickey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Rogers

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Hickey

(Address) 1228 Glyndon ave

15 AUG 31 1916 Filed ....., 191.... ROBERT R. KRAUT Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Tuberculosis Pulmonary

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(Duration) 2 yrs. mos. ds.

(Signed) James M. Kerr M. D. (Coroner.)

Aug 29 1916 (Address) 700 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore City a.a. Co. Md	Sept 1, 1916

20-UNDERTAKER	ADDRESS
Harry A. Witzke	1531 W. Lombard St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 C97833

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Ruth Pfeiffer

(Residence in Baltimore: No. 782 W. Hamburg St. St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Sept (Month) 6 (Day), 1891 (Year)

7-AGE,	If LESS than 1 day,
25 yrs. 11 mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas J. Kuhnle

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Louise Keifl

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leiden Pfeiffer

(Address) 782 Hamburg St

15- AUG 31 1916 191.... ROBERT R. KRAUTH
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 14 191.., to August 28 191.., that I saw h.. alive on August 28 191.., and that death occurred, on the date stated above, at 11:25 p. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia Influenza

..... (Duration) ..... yrs. ..... mos. 3 hrs. ds.

(Signed) Geo. Preston, M. D.

Aug 28..., 191.. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 782 W. Hamburg St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Western Cem	Aug 30..., 1916
20-UNDERTAKER W. J. Tuckwiss	ADDRESS Hamden Md

N.B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97834 C97834

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Dallas, St.; 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda White

(Residence in Baltimore: No. 420 N. Dallas St.; 9 yrs., mos. ds.)

174 in City.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February 22, 1877
(Month) (Day) (Year)

7-AGE, 39 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John H. Waters

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Abigal Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Hurst and Edward White

(Address) 420 N Dallas St

15- AUG 31 1916 191. ROBERT R. KRAUTH Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1916, to Aug 29 1916, that I saw her alive on Aug 29 1916, and that death occurred, on the date stated above, at 10.10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) yrs. 8 mos. ds.

(Signed) Jno. N. Magruder M. D.

Aug 29, 1916 (Address) 1209 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laural Cemitary — DATE OF BURIAL, Aug 31, 1916

20-UNDERTAKER Mr Robert A Elliott — ADDRESS 506 East St

N. B.—Every item of information should be carefully supplied. AGE should be filled IN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C97835

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97835

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Myrtle Ave ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Butler

(Residence in Baltimore: No. 208 Myrtle Ave. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 3 (Month) — 25 (Day), 1915 (Year)

7-AGE, 1 yrs. 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles Scott

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER Genevee Butler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Custis

(Address) 208 Myrtle Ave

15- AUG 31 1916 191.. ROBERT R. KRAUT Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) — 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8-19-1916, to 8-29-1916, that I saw him alive on 8-29-1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm H Cargill M. D.

8-30-, 1916. (Address) 430 W Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetary — DATE OF BURIAL, Aug 31., 1916

20-UNDERTAKER Wm Robert A Elliott — ADDRESS 504 East 24

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. The CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 524 Lemon ST.: 18 WARD)

REGISTERED No. C 97836 184

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adelaide Branford

(Residence in Baltimore: No. 524 Lemon St. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col.	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1882 (Year)

7-AGE 34 yrs. mos. ds.	If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): A.A.Co. Md

PARENTS.

10-NAME OF FATHER, John M. Cook

11-BIRTHPLACE OF FATHER (State or Country) Calvert Co Md

12-MAIDEN NAME OF MOTHER Sally Pratt

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M Cook

(Address) 1319 Calhoun

AUG 31 1916 ROBERT R. KRAUT

Filed ..... 191... Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage following fracture of Skull caused by blunt instrument Bed Slat (Homicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L Driscoll M. D.
(Coroner.)

Aug 29 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Annapolis Md	Aug 31
20-UNDERTAKER James H Dennis	ADDRESS 133 Preston

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97837 104 C97837

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2542 Fait Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florins Alekseanderowicz.

(Residence in Baltimore: No. 2542 Fait Ave St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct (Month) 3rd (Day), 1915. (Year)

7-AGE: ..... yrs. 11 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Kostenty Alekseanderowicz

11-BIRTHPLACE OF FATHER (State or country): Russia Poland

12-MAIDEN NAME OF MOTHER: Katherina Hajnusk

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) K. Alekseanderowicz

(Address) 2542 Fait Ave.,

15- AUG 31 1916 ROBERT R. KRAUTH
Filed ....., 191 ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10, 1916, to Aug 30 1916, that I saw h.. alive on Aug 30- 1916, and that death occurred, on the date stated above, at 6.20 p.m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) ..... yrs. ..... mos. 20 ds.

Contributory (SECONDARY): Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. Clinton Brades M. D.

8/20/ ....., 191 ..... [Address] 1436 Druid Hill Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... In the da. State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus — DATE OF BURIAL: Aug 30" 1916

20-UNDERTAKER: M F. Sadowski — ADDRESS: 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

R97838

CERTIFICATE OF DEATH.

104

C97838

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 S Ann ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Zinski

(Residence in Baltimore: No. 735 S Ann St.; 1 yrs., 1 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, July (Month) 5 (Day), 1915 (Year)

7-AGE, 1 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael Zinski.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Frances Hachemski

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Zinski.

(Address) 735 S. Ann St.

15- AUG 31 1916 ROBERT R. KRAUTL...

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1916, to Aug 30 1916, that I saw h[e] alive on Aug 30 1916, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

..... (Duration).....yrs.....mos.....1.....ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration).....yrs.....mos.....?.....ds.

(Signed) W. D. Lazear M. D.

Aug 31, 1916 (Address) 2008 E. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus	Sept 1, 1916.

20-UNDERTAKER M. F. Sadowski ADDRESS 905 S. Ann

N.B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97839 C97839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Booth

(Residence in Baltimore: No. 928 Pierce St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. And should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word), Married

6-DATE OF BIRTH, June —, 1886. (Month) (Day) (Year)

7-AGE, 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Sod Carrier
(b) General nature of industry, business, or establishment in which employed (or employer), —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Booth

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Julia Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Booth

(Address) 658 Dover St.

15- Filed AUG 31 1916, 191 L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24 1916, to Aug 29 1916, that I saw h[illegible] alive on Aug 29 1916, and that death occurred, on the date stated above, at 12:0[illegible]m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

Aug 29, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 928 Pierce St

Former or usual residence 928 Pierce St.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Md. DATE OF BURIAL, Aug. 31 1916

20-UNDERTAKER Wilbert Brown ADDRESS 316 N. Mount St.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97840 64 C97840

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 N. Broadway ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecilia Elisabetha Felber

(Residence in Baltimore: No. 415 N. Broadway St.; 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March 11 (Month), 1857 (Day) (Year)

7-AGE, 79 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Heinrich Seipp

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Schaperin

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Meyerdirk

(Address) 1925 E. Pratt St

15-

Filed....., 191. AUG 31 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1895, to Aug 28 1916, that I saw her alive on Aug 28 1916, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Terminal

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Apoplexy & Paralysis

(Duration) 7 yrs. ....mos. ....ds.

(Signed) Amelia V Zimmerman M. D.

Aug 30 1916. (Address) 1605 W. Mortimer

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Immanuel Cemetery	Aug 31, 1916
20-UNDERTAKER Christian Miller	ADDRESS 2304 E. Pratt St

N. B.—Every item of information should be carefully supplied. All ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

C97841

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Benner

(Residence in Baltimore: No. 3120 Dillon St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: February xx, 1840 (Month) (Day) (Year)

7-AGE: 76 yrs. 6 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Lorenzo Robertson

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine E. Schenk

(Address) 3120 Dillon St.

15-

Filed AUG 31 1916, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 30th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1916, to Aug 30 1916, that I saw h[e] alive on Aug 30 1916, and that death occurred, on the date stated above, at 3 00 m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia and Acute Cardiac Dilatation

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) fracture of neck of femur

Accidental Fall down Stairs

(Duration) yrs. mos. 20 ds.

(Signed) Millard L. Ramsey M. D.

Aug. 30, 1916 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State 70 yrs. mos. ds.

Where was disease contracted, if not at place of death? At place of death

Former or usual residence 3120 Dillon St.

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem't — DATE OF BURIAL: Sept 1, 1916

20-UNDERTAKER: Robt J Turner — ADDRESS: 1442 N Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

C97842

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C97842

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1030 Ensor St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Flanigan

(Residence in Baltimore: No. 1030 N Ensor St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Aug. (Month) 29 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day 22 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): 1030 N. Entaw St Balto

PARENTS

10-NAME OF FATHER: Malchy Flanigan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Carr

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Catherine Flanigan

(Address) 1030 Ensor St

15- L

Filed ..... 191 AUG 31 1916 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1916 to Aug 30 1916, that I saw her alive on Aug. 30 1916, and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Premature birth
Gestation 6½ mos.

(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) J. E. Brumbach M. D.

Aug. 30, 1916. [Address] 1202 E. Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Pt Pleasant — DATE OF BURIAL: Aug 31 1916

20-UNDERTAKER: J. H. McCaul Sons — ADDRESS: 1824 Mc Regal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

K C97843

CERTIFICATE OF DEATH

151

C97843

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 Ensor St. 10 Ward)

2-FULL NAME Delia Flanigan

(Residence in Baltimore: No. 1030 N Ensor St.; yrs. mos. 1 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: F.

4-COLOR OR RACE: W

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): S

6-DATE OF BIRTH: Aug. 29 (Month) (Day), 1916 (Year)

7-AGE: yrs. mos. ds. If LESS than 1 day, 15 hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): 1030 N. Ensor St.

PARENTS

10-NAME OF FATHER: Malachy Flanigan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Cox

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Dalton Flanigan
(Address) 1030 N Ensor St

15-Filed AUG 31 1916, 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. (Month) 30 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1916, to, Aug. 30 1916, that I saw h[illegible] alive on Aug. 29 1916, and that death occurred, on the date stated above, at 7 30 a m.

The CAUSE OF DEATH* was as follows:

Premature birth
Gestation 6½ Mos
(Duration) mos. ds.
Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) J. E. Brumbach M. D.
Aug 30, 1916. [Address] 1212 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Patricks — DATE OF BURIAL: Aug 31 1916

20-UNDERTAKER: J. McCausland — ADDRESS: 1624 Mary[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT

C97844

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

C97844

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2715 Reese ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander L. Abrams Sr

(Residence in Baltimore: No. At this Life St.: 87 yrs. 7 mos. 16 ds.)

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: January 14, 1829 (Month) (Day) (Year)

7-AGE: 87 yrs. 7 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Marble
(b) General nature of industry, business, or establishment in which employed (or employer): Cutter.

9-BIRTHPLACE (State or country): Fort Mebourne

PARENTS

10-NAME OF FATHER: Philip Abrams.

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Elizabeth Schwarzman

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. J. Abrams Jr

(Address) 2715 Reese St.

15.

Filed AUG 31 1916, 191 L

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 30, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 8th, 1914, to, Aug 29 1916, that I saw him alive on " 29, 1916, and that death occurred, on the date stated above, at 3.50 a.m.

The CAUSE OF DEATH* was as follows:

Infection. Pyelo Nephritis
due to Bladder calculi.

(Duration) several yrs. mos. ds

Contributory (SECONDARY) Arteria Sclerosis

(Duration) several yrs. mos. ds.

(Signed) Amelia V. Zimmerman M. D.

Aug 30, 1916. (Address) 805 W Hunter

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. | DATE OF BURIAL: Sept- 1916

20-UNDERTAKER: Benjamin Stone | ADDRESS: 1723 W Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97845 104 C97845

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helmut Edder

(Residence in Baltimore: No. 803 Edmondson Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 8 (Day), 1916 (Year)

7-AGE, ...yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Edder

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Gladys Painter

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gladys Edder

(Address) 1913 E. Lanvale St.

15- AUG 31 1916 Filed HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1916, to Aug 29 1916, that I saw her alive on Aug 29 1916, and that death occurred, on the date stated above, at 9:10 a.m.

The CAUSE OF DEATH* was as follows:

Epitelial Decomposition

about 1 (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L. Lund M. D.

Aug 31 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State 4 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 803 Edmondson Ave,

Former or usual residence 803 Edmondson Ave,

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, AUG 31 1916
COLLEGE OF P. & S.	
20-UNDERTAKER	ADDRESS

Commissioner Health.

Per. Wm. E. WOODALL

N. B.—Every item of information should be carefully supplied. AGE must be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97846 64 C97846

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1364 N. Fremont Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Meyer

(Residence in Baltimore: No. 1364 N. Fremont Ave St.; 47 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, September 10, 1846
(Month) (Day) (Year)

7-AGE, 69 yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Runge

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Meyer

(Address) 1520 W. Lanvale St.

15- AUG 31 1916 HARRY C. ANDREWS
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 30th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to Aug 30 1916, that I saw h m alive on Aug 29 1916, and that death occurred, on the date stated above, at 8:55 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Appendicitis

(Duration) 3 yrs. mos. 9 ds.

(Signed) Chas. W. Bullard M. D.

Aug. 31st 1916 (Address) 1100 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Sept 2, 1916.

20-UNDERTAKER Harry A. Allen — ADDRESS 1944 W. Northern

N. B.—Every item of information should be carefully supplied. Accurate answers to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97847

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Hahnemann Hosp. ST. 15 WARD) 79 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Mackey

(Residence in Baltimore: No. 1823 Baker St. 55 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, April 4, 1854
(Month) (Day) (Year)

7-AGE, 61 yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) ... Collector

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Fritz Kuhn

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Kuhn

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. G. R. Crowther

(Address) 3051 N. North Ave

15- AUG 31 1916 Burial Permit Clerk
Filed ..... 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Suffocation, Mucus in Lungs

Fell Down
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Not Known
(Duration) ... yrs. ... mos. ... ds.

(Signed) Jno. Williams M. D.
(Coroner.)
Aug. 31, 1916. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State 40 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 1823 Baker St.

19-PLACE OF BURIAL OR REMOVAL, Silver Run Carroll Co. Md. DATE OF BURIAL, Sept. 1, 1916

20-UNDERTAKER Harry W. Ehlen ADDRESS 1944 W. North

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INK.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97848 C97848 113

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2009 Oak ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Green

(Residence in Baltimore: No. 2009 Oak St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 10 (Month) (Day), 1 (Year)

7-AGE, About 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, Floyd Green

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Rebecca Whicker

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Mitchel

(Address) 2009 Oak

15- AUG 31 1916 191.....

HENRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10th 1916, to August 30 1916, that I saw her alive on August 30th 1916, and that death occurred, on the date stated above, at 1115 A. M.

The CAUSE OF DEATH* was as follows:

Atrophine Cirrhosis of liver
Chronic Nephritis & Endocarditis

(Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma Colitis

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Robert A. Whitehill M. D.

Aug 31, 191. (Address) 2111 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death, ... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Sept 2, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E Nath

ar

N. B.—Every item of information should be carefully supplied. AGE, in all cases. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97849 HEALTH DEPARTMENT—CITY OF BALTIMORE C97849

CERTIFICATE OF DEATH. 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 Fresstmay ST.; 14 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula J. Thuson

(Residence in Baltimore: No. 560 Fresstman St.; 58 yrs., 1 mos. 3 ds.)

N.B.—Every item of information should be carefully supplied. AGE cannot be stated correctly unless BIRTHDAY is given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Col	Single

6-DATE OF BIRTH, July (Month) 26 (Day) 1858 (Year)

7-AGE, 58 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Geo. T. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Francis Harris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Johnson

(Address) 560 Fresstman

15- AUG 31 1916 Filed ...., 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1916, to Aug 29 1916, that I saw h[illegible] alive on Aug 28 1916, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

1 Mitral Insufficiency

(Duration) yrs. 6 mos. d.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) J. Bernard Fagan M. D.

Aug 30 1916 (Address) 1413 E. [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Repose	Sept 1, 1916
20-UNDERTAKER	ADDRESS
Wm. H. Chase Son	1400 Mosher

C97850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C97850

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 7771 Essex ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Rubisiewicz

(Residence in Baltimore: No. 7771 Essex St

St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, Sept. (Month) 7 (Day), 1915 (Year)

7-AGE, 7 yrs. 11 mon. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Antone Rubisiewicz

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Carrie Rowztowsky

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Rubisiewicz

(Address) 7771 Essex St

15- Filed AUG 31 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) .....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) H. Edward Smith (Coroner) M. D.

Aug 31, 1916 (Address) 710 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Sept. 1, 1916,
20-UNDERTAKER W. F. Sadowski	ADDRESS 705 S. Ann.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97851

28 C97851

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97851 — 28 — C97851

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1705 N. Fulton Ave WARD 15)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosine C Helber

(Residence in Baltimore: No. 1705 N. Fulton Ave; 60 yrs. — mos. 16 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, August 14, 1856 (Month) (Day) (Year)

7-AGE: 60 yrs. — mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER, John Helber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Magdalan Flech

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. M. Harding

(Address) 1705 N. Fulton Ave

15- AUG 31 1916 Filed....., 191.....

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 30 1916, that I saw her alive on Aug 30 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis

About (Duration) 1/2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure due to Anasarca (Duration) yrs. 1 mos. ds.

(Signed) O. N. Duvall M. D.

Aug 31, 1916. (Address) 1817 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls Ev Luth Cmtry — DATE OF BURIAL, Sept 2, 1916

20-UNDERTAKER, Mrs. A Rohde & Son — ADDRESS 730 Pa Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97852 C97852

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH Union Protestant Infirmary 11

CITY OF BALTIMORE: (No. 1514 Division St. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Anna Schwager

(Residence in Baltimore: No. 720 N. Howard St. Balto St.; 15 yrs., 11 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ?, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. 0 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Austria.

PARENTS.

10-NAME OF FATHER, Robt Mauthemer.

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Pauline Hopen

13-BIRTHPLACE OF MOTHER (State or Country), Austria.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos Schwager

(Address) 720 N. Howard St.

15- SEP 1 - 1916 MARY C. ANDREW
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1916, to Aug. 31 1916, that I saw her alive on Aug 31 1916, and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Unknown infectious disease
Valvular Heart Disease —
Mitral insufficiency
(Duration) 1 yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Valvular heart disease
Mitral insufficiency (Duration) yrs. 8 mos. ? ds.

(Signed) Otto E. Utzinger M. D.
Aug. 31, 1916 (Address) U. P. I. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 3 mos. 5 ds. In the State ? yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore, Md.

Former or usual residence 720 N. Howard St. Balto.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, Sept. 1, 1916

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto

N. B.—Every item of information should be carefully supplied. ~~AGE~~ CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97853 — 28 C97853

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3504 (St.) Frederick Ave (WARD) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Schultz Casey

(Residence in Baltimore: No.) 3504 (St.) Frederick Ave (yrs.) Lifetime (mos.) (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Single

6-DATE OF BIRTH, Feby (Month) 24 (Day), 1888 (Year)

7-AGE, 28 yrs. 6 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Timothy Casey

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER Mary C Piquett

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary C. Casey

(Address) 3504 Frederick ave

15- Filed SEP 1 1916. HARRY O. ANDREWS 1916 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1915, to Aug 29 1916 that I saw h[illegible] alive on Aug 29 1916, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary
Phthisis
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis
(Duration) yrs. 3 mos. ds.

(Signed) [illegible] M. D.

8/31, 1916. (Address) 4207 Fredk Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Sept 1, 1916

20-UNDERTAKER Geo A Gerber — ADDRESS Balto

N. B.—Every item of information should be carefully supplied. ~~AGE~~ CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97854 — 28 — C97854

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 3419 Mondawmin Ave ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. G. Stewart

(Residence in Baltimore: No. 3421 Mondawmin Av ST. 35 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Not Known, 1869 (Month) (Day) (Year)

7-AGE: 47 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Insurance
(b) General nature of industry, business, or establishment in which employed (or employer): Agent

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Hugh G. Stewart

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Virginia Sneed

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Estelle E Stewart
(Address) 3421 Mondawmin

15-Filed SEP 1 - 1916, 1916 — HARRY C. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 28, 1916, to Aug 30 1916 that I saw h— alive on Aug 28 —, 1916. and that death occurred, on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:

Laryngeal Phthisis

(Duration) 9 yrs. Months ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) 1113 Fremont Ave M. D.

Aug 31, 1916 (Address) Clear the Kirby Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Sept 1, 1916

20-UNDERTAKER: Geo A Gorey — ADDRESS: Baltimore Md

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PLAINLY, WITH

C97855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97855

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1004 Wagon alley ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Taylor

(Residence in Baltimore: No. 1004 Wagon alley St.; yrs., mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Aug. 24, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. .....mos. 8 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Robinson Taylor

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliza Holmes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Taylor

(Address) 1004 Wagon alley

15-SEP 1 - 1916

Filed....., 191.....

ROBERT R. KRAUTH

Burial Perm. Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility
Probably (Specify)

(Duration).....yrs.....mos. 8 ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) James M. Hanson M. D.
(Coroner.)

Sept 1 191 6 (Address) 700 E. Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, Sept. 2, 1916

20-UNDERTAKER John F. Cowanxson | ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97856 C97856

CERTIFICATE OF DEATH.

143

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Carroll ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Michael

(Residence in Baltimore: No. 1132 Carroll Av. St.; 56 yrs., 10 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 18 (Day) 1859 (Year)

7-AGE, 56 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lab in Hair
(b) General nature of industry, business, or establishment in which employed (or employer): factory

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Adam Michael

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Michael

(Address) 645 Columbia

15- ROBERT R. KRAUTZ

Filed SEP 1 1916 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1916, to Aug 30 1916, that I saw h in alive on Aug 30 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Carbuncle of Neck

(Duration) ....yrs. ....mos. 2½ ds.

CONTRIBUTORY (Secondary) Toxemia due to pus absorption (Duration) ....yrs. ....mos. 2 ds.

(Signed) Joseph E. Muse M. D.

Aug 31 1916 (Address) 1520 Hollins Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Sept 3d 1916

20-UNDERTAKER Geo Lumbard Sr — ADDRESS 647 W Saratoga

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH must be properly classified. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

13 C97857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 772 Columbian St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Margaretta Simmel

(Residence in Baltimore: No. 772 Columbian St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Married

6-DATE OF BIRTH, Aug 12 (Month) 12 (Day), 1842 (Year)

7-AGE, 72 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Corset Mfg.
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michel Gruber +

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Anna Gruber +

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Simmel

(Address) Married Daughter

15-

Filed SEP 1 - 1916 191 ROBERT R. KRAUTH

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to Aug 27 1916, that I saw her alive on Aug 27 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ... yrs. ... mos. 14 ds.

(Signed) J. M Lampsen M. D.

Aug 30 1916 (Address) 826 N. Durrell Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Sept 1, 1916

20-UNDERTAKER E. W. Lumbert & Co — ADDRESS 1417 Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97858

CERTIFICATE OF DEATH.

151

C97858

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 N. Milton Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Irving Lucas Jr.

(Residence in Baltimore: No. 1047 N. Milton ave St.; ..... yrs., 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 28 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. J. Lucas

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Lucas

(Address) 1047 N. Milton Ave

15- Filed SEP 1 - 1916, 191.... ROBERT R. KRAUTER Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH August (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to Aug 31 1916, that I saw h[illegible] alive on Aug 31 1916, and that death occurred, on the date stated above, at 7 30 p. m.

The CAUSE OF DEATH* was as follows:

.....Gastro enteritis.....

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Jaundice

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Edward J. Gaul M. D.

8/31, 1916 (Address) 413 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Sept 1, 1916.

20-UNDERTAKER George J. Smith — ADDRESS Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be carefully stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C97859

REGISTERED No. C 97859

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 S Glover ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Altman

(Residence in Baltimore: No. 704 S Glover St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 31 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. ....da.

If LESS than 1 day, 8 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Harry Altman

11-BIRTHPLACE OF FATHER (State or Country) Balto City

12-MAIDEN NAME OF MOTHER Minnie Bible

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Altman

(Address) 704 S. Glover St

15- SEP 1 - 1916 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31 1916, to Aug 31 1916, that I saw h-er alive on Aug 31 1916, and that death occurred, on the date stated above, at 3 50 p.m.

The CAUSE OF DEATH* was as follows:

Congestion of Liver

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Chronic

(Duration) ....yrs. ....mos. ....da.

(Signed) O L Finn M. D.

8/31, 1916 (Address) 704 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt German Evangelical — DATE OF BURIAL, Sept 1., 1916

20-UNDERTAKER Stephen J. Fialkowski — ADDRESS 1018 S Ke[illegible]

Cup

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C97860 104 C97860

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 S. Decker Av ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Elsie Rehberger.

(Residence in Baltimore: No. 738 S. Decker Av St.; yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ ~~OR DIVORCED,~~ (*Write* the word.)
F.	W.	

6-DATE OF BIRTH, March 29, 1914 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
yrs. 5 mos. 2 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, Harry. Rehberger

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Morgard Nielsen

13-BIRTHPLACE OF MOTHER (State or Country), Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Rehberger

(Address) 738 S Decker Av

SEP 1 - 1916 ROBERT B. KRAUT

Filed 9-7 191 Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 1, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29 1916, to Sept 31 1916, that I saw h[illegible] alive on Aug 31 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Acute Gleo Colitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (Duration) 5 hours yrs. mos. ds.

(Signed) Leo Karlusky M. D.

9/1, 1916 (Address) 1116 S. Kenwood Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel Cem.	Sept 3, 1916.
20-UNDERTAKER	ADDRESS
H. Sander Sons	120 Park Av

N.B.—Every item of information should be carefully supplied. Please print plainly. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97861

CERTIFICATE OF DEATH.

79 C97861

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Dillon ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel C. Foster

(Residence in Baltimore: No. 3012 Dillon St.; Life 65 yrs., 7 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. (Month) 8th (Day), 1851 (Year)

7-AGE, 65 yrs. 7 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto city Md.

PARENTS.

10-NAME OF FATHER, John Foster

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Foster

(Address) 3012 Dillon St

15-

FILED SEP 1 - 1916 191.. ROBERT R. KRAUTH Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 30th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22nd 1916, to Aug 30th 1916, that I saw h.... alive on Aug 30th 1916, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

..... Coma.....
..... Uraemic Condition.....
..... Duration..... (Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Duration..... (Duration)..... yrs. ..... mos. ..... ds.

(Signed) Albert M. Mellon M. D.

Aug 31st, 1916. (Address) 2739 Foster Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Sept. 1, 1916.

20-UNDERTAKER H. Sander Sons ADDRESS 17th Wood

N.B.—Every item of information should be carefully supplied. Attention is called to the importance of correctly stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 120 C97862

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 S. Wolfe ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Comar

(Residence in Baltimore: No. 908 S. Wolfe St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH, not known, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): not known

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Capt. Joseph Comar

(Address) 908 S. Wolfe St.

15-SEP 1 - 1916 Filed ..... 191.....

ROBERT R. KRAUTER Registrar of Vital Statistics

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 1916, to Aug 30 1916, that I saw h-r alive on Aug 29 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy - Sclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Robert Warner M. D.

Sept 1., 191.6. (Address) 125 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, Sept. 1, 1916

20-UNDERTAKER H. Sanders & Sons — ADDRESS 720 E. Fayette

N. B.—Every item of information should be carefully supplied. Avoid use of terms by which CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

B C97863 — 104 — C97863

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 N. Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Omer C. Benson

(Residence in Baltimore: No. 1714 W. Lanvale St.; yrs. 3 mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: W.

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): single

6-DATE OF BIRTH: May (Month) 9 (Day), 1916 (Year)

7-AGE: yrs. 3 mos. 22 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child –
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Robert E. Benson.

11-BIRTHPLACE OF FATHER (State or country): Maryland.

12-MAIDEN NAME OF MOTHER: Teresa Dayton

13-BIRTHPLACE OF MOTHER (State or country): N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt Benson

(Address) 1714 N. Lanvale

15 SEP 1 - 1916 ROBT E. BRAUN Burial Permit Clerk

Filed ..... 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16, 1916, to, Aug 31, 1916, that I saw h.. alive on Aug 31 – 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY): Chr – Colitis

(Duration) ..... yrs. ..... mos. 1 4 ds.

(Signed), Wm F Burgert M. D.

Sept. 21, 1916 [Address] 2114 E Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: Sept 1, 1916

20-UNDERTAKER: Wm J Pickner Son

ADDRESS: North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Elizabeth Dietlof

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97064

91 C97064

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 Harford ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Dietlof

(Residence in Baltimore: No. 1220 Harford Ave St.; — yrs., 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~. (*Write* the word.) Single

6-DATE OF BIRTH, Aug 2th (Month) (Day), 1916 (Year)

7-AGE, — yrs. 1 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, August Dietlof

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Elizabeth Hant

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Dietlof

(Address) 1220 Harford Ave ROBERT R. KRAUSE

15- SEP 1 - 1916 Burial Permit Clerk

Filed ..... 191.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 29, 1916, to August 31, 1916, that I saw her alive on August 31, 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute bronchopneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) P. Lee Mageean M. D.

Sept. 1, 191.6 (Address) 1206 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Sept. 1, 191.6

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford

N. B.—Every item of information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 097865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 097865

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-35 Leslie ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert J. Blackstone

(Residence in Baltimore: No. 15-35 Leslie St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not known ....., 1 .....
(Month) (Day) (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day Labor

9-BIRTHPLACE, (State or Country), Queen Anne's Co. Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Blackstone

(Address) 421 Leslie

15- Filed SEP 1 - 1916, 191... ROBERT R. KRAUSE Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 29-, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 10- 1916, to Aug. 29- 1916, that I saw him alive on Aug. 27- 1916, and that death occurred, on the date stated above, at 7-45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ... yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Contributory

..... (Duration) ... yrs. ... mos. 21 ds.

(Signed) Chas. L. McCarthy M. D.

Aug-29- 1916 (Address) 506 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Lin Cemetery — DATE OF BURIAL, Sept. 1, 1916

20-UNDERTAKER George H. Holland — ADDRESS 517 Robert St.

N. B.—Every item of information above be carefully applied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C97866

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97866

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8482 W 33rd St.; 13 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace H. Yingling

(Residence in Baltimore: No. 848 N. 33. St.) St.; yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct (Month) 31 (Day), 1897 (Year)

7-AGE, 18 yrs. 10 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Spinner Cotton Mill
(b) General nature of industry, business, or establishment in which employed (or employer): Hampden Cotton Mills

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Leonard Yingling

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Alice Hosfield

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Della Yingling

(Address) 3314 Elam Ave

15-SEP 1- 1916

Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12 1916, to Aug 31 1916, that I saw h alive on Aug 30 1916, and that death occurred, on the date stated above, at 7. A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)

(Duration) ....yrs. ....mos. 19 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. B. Newman M. D.

Sept 1, 1916. (Address) 3547 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft Marys Cem — DATE OF BURIAL, Sept 3 1916

20-UNDERTAKER Demuth & Son — ADDRESS 3617 Eastern ave

R. B.—Every item of information must be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 C97867

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 Mill race Rd. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie E. Tapstott

(Residence in Baltimore: No. 1432 Millrace Road St.: 2 yrs., mos. ds.)

N. B.—Every item of information should be carefully applied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Aug. (Month) 27 (Day), 1911 (Year)

7-AGE, 5 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Tapstott

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Sarah Myerson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Tapstott

(Address) 1432 Mill Race Rd

15- SEP 1 - 1916 Filed 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from aug 24 1916, to Sept 1 1916, that I saw h[illegible] alive on Sept 1 1916, and that death occurred, on the date stated above, at 9 9 m.

The CAUSE OF DEATH* was as follows:

Anemia & Convulsions

1 hour

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diphtheria

(Duration) yrs. mos. 8 ds.

(Signed) [signature] M. D.

Sept 1, 1916 (Address) 863 W. 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL Laurel Cemetery DATE OF BURIAL, Sept. 2, 1916

20-UNDERTAKER Chenowith Son ADDRESS 34 Eastern Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97868

CERTIFICATE OF DEATH.

151

C97868

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 572 E Randall ST.; 23 WARD)

REGISTERED NO. C

2-FULL NAME James H Langrelle

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 572 E Randall St. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing

6-DATE OF BIRTH, ... June 27, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 3 ds.

If LESS than 1 day. ....hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Geo Langrelle

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Della Muldoy

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs D Langrelle

(Address) 572 E Randall St

15-Filed SEP 1 - 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Aug 31 1916, that I saw h alive on Aug 31 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Mal Nutrition

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY. Exhaustion
(Secondary)

(Duration) ... yrs. ... mos. 7 ds.

(Signed) R C T Campbell M. D.

Aug 31, 1916 (Address) 1624 E Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill Cem. DATE OF BURIAL, Sept 2, 1916

20-UNDERTAKER Wm J. Evans ADDRESS 1918 E Chase

C97869

HEALTH DEPARTMENT— CITY OF BA...

97869

HEALTH DEPARTMENT—CITY OF BALTIMORE

97869

CERTIFICATE OF DEATH.

167

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman J. Heinrich

(Residence in Baltimore: No. 2549 Hollins st St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Colored

6-DATE OF BIRTH, May (Month) 2 (Day), 1912 (Year)

7-AGE, 4 yrs. 3 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Adolph Heinrich

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Anna Eckert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adolph Heinrich

(Address) 2549 Hollins st.

15- Filed SEP 1 - 1916 ROBERT R. KRAUTH Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

accidental burns over greater portion of body

(Duration) yrs. mos. 2 hrs.

CONTRIBUTORY (Secondary) matches

(Duration) yrs. mos. 1 hour

(Signed) James M. Rawlins M. D.
(Coroner.)

Sept 1 1916 (Address) 700 E Chase st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place Franklin Square Hospital In the
of death yrs. mos. 2 ds. State 4 yrs. mos. ds.

Where was disease contracted, if not at place of death? at resident

Former or usual residence 2549 Hollins st

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, Sept 2, 1916.

20-UNDERTAKER Hull Cook — ADDRESS 507 E Northern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97870 C97870

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 914 N. Charles St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Lynn Lanier

(Residence in Baltimore: No. 1914 N Charles St.; 46 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec (Month) 15th (Day), 1870 (Year)

7-AGE, 46 yrs. 8 mos. 16 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hardware
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Cumberland Md

PARENTS.

10-NAME OF FATHER, W. L. Lanier

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma Lewis

13-BIRTHPLACE OF MOTHER (State or Country) Cumberland Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca L. Lanier

(Address) 1914 N. Charles St.

15-

Filed SEP 1 - 1916 ROBERT R. KRAUTH Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1912, to Aug 30 1916, that I saw him alive on Aug 30 1916, and that death occurred, on the date stated above, at 6.15 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Syphilis

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cirrhosis of Lungs

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) J. M. Litsinger M. D.

Sept 1, 1916 (Address) 12 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	Sept 1, 1916
20-UNDERTAKER	ADDRESS.
J. W. Mc Cullough	1624 Mt Royal Ave.

N.B.—Every item of information should be carefully supplied. Please write plainly. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97871 HEALTH DEPARTMENT—CITY OF BALTIMORE C97871

CERTIFICATE OF DEATH.

× 43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah M. Maguire

(Residence in Baltimore: No. 8 Lane St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April (Month) 6 (Day), 1844 (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, John M Slingerland

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER, Elizabeth Huggenbobler

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed Sept 1-1916, 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1st 1916, to September 1 1916, that I saw her alive on September 1 1916, and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast

(Clinical)

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Metastasis to Liver

(Duration) 2 yrs. mos. ds.

(Signed) Abr Bloom M.D.

Sept. 1, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Elkins Park Pa.

19-PLACE OF BURIAL OR REMOVAL, Pottstown Pa — DATE OF BURIAL, Sept. 2, 1916

20-UNDERTAKER Albert E. Fuller — ADDRESS 221 N Broad

N. B.—Every item of information should be carefully considered. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C97872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

63+ C97872

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 E. Cross ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon J Werner

(Residence in Baltimore: No. 222 E Cross St.; ..... yrs., 6 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Feb. (Month) 16 (Day) 1916 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 6 mos. 14 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Vernon J Werner

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Sadie Cromwell

13-BIRTHPLACE OF MOTHER (State or Country), A A Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vernon J Werner

(Address) 222, E Cross, St

15- SEP 2 - 1916 Filed....., - 191..... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 30 1916, to Aug 31st 1916, that I saw him alive on Aug 31st 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Anterio Poliomyelitis

40 hours (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Henry D Kelly M. D.

Sept. 1st, 191.6. (Address) 1203 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	Sept. 1, 191.6

20-UNDERTAKER J. O. Stearns ADDRESS 1460 Battery Ave

N. B.—Every item of information must be given if possible. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

B C97873

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

C97873

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 521 N. Pulaski ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Frances Hart

(Residence in Baltimore: No. 521 N. Pulaski St. St.; 2 yrs. 10 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: September (Month) 11 (Day), 1875 (Year)

7-AGE: 40 yrs. 11 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seamer (Retired 3yrs)
(b) General nature of industry, business, or establishment in which employed (or employer): Mens underwear

9-BIRTHPLACE (State or country): New York

PARENTS

10-NAME OF FATHER: Francis William Hart

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Julia Katherine Egan

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martha L. Smith

(Address) 521 N. Pulaski St

15- Filed SEP 2 - 1916 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 22, 1914, to, August 31 1916, that I saw h.er alive on August 31 1916, and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
+ Mitral Insuffiency

(Duration) 3 yrs 6 mos. ds.

Contributory (SECONDARY) .....

(Duration) yrs mos. ds.

(Signed), Henry T. Collenberg M. D.

August 31, 1916 [Address] 3103 Clifton Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Sept 2, 1916

20-UNDERTAKER: Joseph L. Cook — ADDRESS: 1003 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

B C97874

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97874

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Canton Ave ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Nowak

(Residence in Baltimore: No. 1914 Canton Ave St.; 27 yrs., 7 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan (Month) 3 (Day), 1889 (Year)

7-AGE	If LESS than 1 day,
27 yrs. 7 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Tin Decorator

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Nowak

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Nowak

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Nowak

(Address) 1914 Canton Ave

15- Filed SEP 2 - 1916 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4th 1916, to August 30 1916, that I saw h[im] alive on August 30 1916 and that death occurred, on the date stated above, at 5.55 p.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

..... (Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Amalia E. Funk M. D.

September 1st, 1916. (Address) 1717 N. Carolina

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary	Sept 4 191 6
20-UNDERTAKER William Fiedkowsky	ADDRESS 1618 Eastern

N. B.—Every item of information should be given, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

B C97875

HEALTH DEPARTMENT—CITY OF BALTIMORE

61

C97875

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1440 Hanpert ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wiener

(Residence in Baltimore: No. 1440 Hanpert St.; yrs., 1 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, July (Month) 5th (Day), 1916 (Year)

7-AGE, yrs. 1 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joseph Wiener

11-BIRTHPLACE OF FATHER (State or Country), Austria Hungary

12-MAIDEN NAME OF MOTHER Anna Burkey.

13-BIRTHPLACE OF MOTHER (State or Country), Austria Hungary.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Wiener

(Address) 1440 Hanpert St.

15- Filed SEP 2 - 1916 HARRY O. ANDREWS Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 27th 1916, to August 31st 1916, that I saw h[illegible] alive on August 31st 1916, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis.

(Duration) yrs. mos. ✓ ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G. G. Ware M. D.

Sept. 1st 1916 (Address) 827 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. A.A. Co. DATE OF BURIAL, Sept. 2, 1916.

20-UNDERTAKER M. J. M. L. Flynn ADDRESS 1422 Light St

N. B.—Every statement must be made in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97876 C97876

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 341 N. 21 ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Buckley

(Residence in Baltimore: No. 341 N. 21 Street St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH Apr 27, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Buckley

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Helen Knauff

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Buckley

(Address) 341 N. 21 St. Street

15-

Filed SEP 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 1, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29th 1916, to September 1 1916, that I saw h[er] alive on September 1 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute enteritis -

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. W. Leavy M. D.

Sept 1, 1916 (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pt. Peters Rem. DATE OF BURIAL, 9/2, 1916

20-UNDERTAKER Chas. E. Evans & Son ADDRESS 118 W. Mt. Royal Ave

R. S.—Every item of information should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97877

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97877

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Walbert Apartments Cor. Lafayette & Calvert St WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME John White Scott

(Residence in Baltimore: No. 811 Walbert Apartments St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	widower

6-DATE OF BIRTH, April 26, 1836
(Month) (Day) (Year)

7-AGE, 80 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~Teacher~~ Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer) Dept. Supt. City

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Thomas A. Scott

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Johanna White

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Parker Scott

(Address) Relay, Md

15- Filed SEP 2 - 1916 19[illegible] Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Disease

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Wm. S. Riley M. D.
(Coroner.)

Sept 1, 191.6 (Address) 16 S. 7 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Sept 2 1916

20-UNDERTAKER H. J. McNamara Son ADDRESS Pimlico Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97878

CERTIFICATE OF DEATH.

104 C97878

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S. Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tadeusz Franklin

(Residence in Baltimore: No. 324 S. Bond St.; .....yrs., 1 mos. 26 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 6, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Boleslaw Franklin

11-BIRTHPLACE OF FATHER (State or Country). Poland Russia

12-MAIDEN NAME OF MOTHER Zofia Suzycka

13-BIRTHPLACE OF MOTHER (State or Country). Poland Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Zofia Franklin

(Address) 324 S. Bond St.

15-

Filed SEP 2 - 1916 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 29 1916, to August 31 1916, that I saw h[illegible] alive on August 31 1916, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....Cholera Infantum

..... (Duration).....yrs.....mos....8....ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

..... (Duration).....yrs.....mos....8....ds.

(Signed) F. J. Smarzewski M. D.

Sept. 1, 1916 (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Sept. 2, 1916.
20-UNDERTAKER	ADDRESS
Stephen J. Fialkowski	1019 S. Kenwood Ave

N. B.—Every item of information should be carefully considered, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C97879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C97879

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Penn. ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Vincent

(Residence in Baltimore: No. 930 Penn ave St.; 70 yrs., 11 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 23, 1889 (Month) (Day) (Year)

7-AGE, 70 yrs. 11 mos. 8 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) Keeper

9-BIRTHPLACE (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Loyd Lensen

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Locks

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margary Clements

(Address) 930 Penna Ave

15 SEP 2 - 1916 HARRY O. ANDREWS

Filed ....., 191.... Local Registration Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Aug 31 1916, that I saw h e alive on Aug 31 191 , and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows: Cardiac Disease Valvular

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) C. H. Fletcher M. D.

Sept 2, 191 (Address) 712 S. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, Sept ....., 1916.

20-UNDERTAKER, Daniel Easton

ADDRESS 916 Penna Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

C97880

HEALTH DEPARTMENT—CITY OF BALTIMORE

63 +

CERTIFICATE OF DEATH.

REGISTERED NO. C 97880

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. A. Lamel

(Residence in Baltimore: No. 1409 Mosher St.; ..... yrs., 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, July (Month) 30 (Day) 1916 (Year)

7-AGE, — yrs. 1 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Thomas Lamel

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lamel

(Address) 1409 Mosher St.

15- Filed SEP 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 24 1916, to Sept. 1 1916, that I saw h[illegible] alive on Aug. 31 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Infantile Paralysis
(Anterior Poliomyelitis)

(Duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) .... (Duration) .... yrs. .... mos. .... ds.

(Signed) Chas. L. McCarthy M. D.

Sept. 1, 1916. (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Sept. 2, 191.6

22-UNDERTAKER Sam'l H. Chase & Son — ADDRESS 1400 Mosher St.

10 of 16.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97881

CERTIFICATE OF DEATH.

92 C97881

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Gaudy Hosp. Insp. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry George Juersen

(Residence in Baltimore: No. 1218 N. Patterson Park Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 7, 1897 (Month) (Day) (Year)

7-AGE, 19 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Decorater

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Carl Juersen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Liebe

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carl Juersen

(Address) 1218 N. Pattersonpk.

15- Filed SEP 2 - 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1916, to Sept. 2 1916, that I saw him alive on Sept 1 1916, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

General Septicemia

Hydrocele ?

(Duration) ...yrs. ....mos. ....dy.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ...yrs. ...mos. 3 ds.

(Signed) W. H. Yates M. D.

Sept. 2, 1916 (Address) Churchtown

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 21 ds. In the State 19 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1218 N. Patterson Pk. Ave.

19-PLACE OF BURIAL OR REMOVAL, Immanuels Cem. DATE OF BURIAL, Sept. 5, 1916

20-UNDERTAKER Louis Hermann ADDRESS 32 S Broadway

(Over)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C97882

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N Belnord St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adelia Katherine Kies

(Residence in Baltimore: No. 512 N Belnord St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 31 (Day), 1914 (Year)

7-AGE, 21 yrs. 8 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Harry Kies

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Jennie Ray

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Kies

(Address) 512 N Belnord

15- Filed SEP 2 - 1916, 191.. ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to Aug 31 1916, that I saw her alive on Aug 31 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(Duration) 21 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) since birth yrs. ..... mos. ..... ds.

(Signed) B. K. Kelly M. D.

Aug 31, 1916 (Address) 1700 N. Linwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cem	Sep 3, 1916
20-UNDERTAKER	ADDRESS
John Herrig & Co	2008 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C97883

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C97883

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1718 Barnes ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Bankes,

(Residence in Baltimore: No. 1718 Barnes St.: yrs., mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Bab

6-DATE OF BIRTH, Aug 22, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. .....mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Herbert Bankes,

11-BIRTHPLACE OF FATHER (State or Country), Balto,

12-MAIDEN NAME OF MOTHER Anna Bankes

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Bankes,

(Address) 1718 Barnes St

15- Filed SEP 2 - 1916 ROBERT R. KRAUT... 191... Clerk

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) H K Insley M. D.
(Coroner)

..... 191... (Address) by C Dobler,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Asbury Conn — DATE OF BURIAL, Sept 2nd 1916

20-UNDERTAKER Harvey & Dobler — ADDRESS 1725 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97884 C97884

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Nursery and Childs Hosp REGISTERED No. C

CITY OF BALTIMORE: (No. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Horner

(Residence in Baltimore: No. Nursery and Childs Hosp St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) —

6-DATE OF BIRTH, 9 (Month) 27 (Day), 1915 (Year)

7-AGE, 0 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Nursery

9-BIRTHPLACE, (State or Country) Owensmills, Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country) Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Eliza Stone

(Address) N T C Hospital

15 SEP 2 - 1916 Filed....., 191.... ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 15 1915, to Sept. 1 1916, that I saw h[illegible] alive on Sept 1 1916, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(Duration) yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin T. Mayer M. D.

9/1/, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. Sept 1 ds. In the State yrs. 10 mos. 27 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Not known Born at Owensmills Md

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, SEPT 2, 1916

20-UNDERTAKER George J. Smith ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97885

CERTIFICATE OF DEATH.

64

C97885

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 W. Lombard St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W Emmerich

(Residence in Baltimore: No. 1431 W. Lombard St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widower

6-DATE OF BIRTH, March 9th, 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. 5 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Cork
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Christian Emmerich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, N Ellen Harker

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Knox Gilchrist M.D.

(Address) 701 N. Carrollton Ave.

15- Filed SEP 2 - 1916 191... ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 31st, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1914, to August 1916, that I saw him alive on August 31st 1916, and that death occurred, on the date stated above, at 12. 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. 2 mos. ....ds.

(Signed) J. Knox Gilchrist M. D.

9/1/16, 191... (Address) 701 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Sept. 2nd, 1916

20-UNDERTAKER, E. W. Mitchell & Co

ADDRESS 1216 W. Fayette

N. B.—Every item of information must be given, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97886 C97886

CERTIFICATE OF DEATH.

REGISTERED NO. C 53

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Springdale & Oakfield ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael H. Bittle Oakfield ave

(Residence in Baltimore: No. Springdale ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 23 (Day), 1893 (Year)

7-AGE, 23 yrs. 4 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, B. H. Bittle

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Alice H. Giddea

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. H. Bittle

(Address) Springdale ave

15-SEP 2 - 1916 Filed ....., 191.... ROBERT R. KRAUTH Registrar Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 1 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1914, to Sept 1 1916, that I saw h[illegible] alive on Aug. 31 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

(Duration) about 2 yrs

CONTRIBUTORY (Secondary) Arteriosclerosis, Insane

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Sept 2, 1916. (Address) H[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, Sept. 3., 1916

20-UNDERTAKER McLean Jones ADDRESS 833 Linden ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C97887

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2416 St Paul St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fisher Lloyd

(Residence in Baltimore: No. 2416 St Paul St

St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 10 (Day), 1841 (Year)

7-AGE, 75 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Talbert Co Md

PARENTS.

10-NAME OF FATHER, Daniel Lloyd

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mary A Fisher

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hortense Lloyds

(Address) 2416 St Paul St

15- SEP 2 - 1916 Filed ..... 191....

ROBERT R. KRAUTZ
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John F Morris M. D.

(Office) (Address) 3632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Sept 1, 1916

20-UNDERTAKER W Dean-Jones

ADDRESS 833 Linden Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+126 C97888

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Goodfield Boswell

(Residence in Baltimore: No. Kilmarnock, Va. St.; 62 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 30 (Day), 1854 (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 5 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Henry Boswell

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Eliz. Booth

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie T. Boswell

(Address) Kilmarnock Va.

15- Filed SEP 2 - 1916, 191.... ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 1 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 23 1916, to Sept 1 1916, that I saw him alive on Sept 1 1916, and that death occurred, on the date stated above, at 7.45P m.

The CAUSE OF DEATH* was as follows:

General Uterie Sclerosis and Hypertrophied Prostate

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. W. Flournoy M. D.

9/1, 191.6 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. 8 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Kilmarnock Va.

19-PLACE OF BURIAL OR REMOVAL. Kilmarnock Va. DATE OF BURIAL. Sept 3., 1916.

20-UNDERTAKER Chas. E. Branch ADDRESS 802 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

097889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 79

097889

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. Central Ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Tormollen

(Residence in Baltimore: No. 319 S Central Ave St.; 15 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April 10, 1831 (Month) (Day) (Year)

7-AGE, 85 yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Morris Frank

(Address) 317 S. Central Ave

15- Filed SEP 2 - 1916, 191... ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 24 Aug 1916, to 31 Aug 1916, that I saw her alive on 30 Aug 1916, and that death occurred, on the date stated above, at 9 45 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio - Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Sandrock M. D.

Sept 2., 1916. (Address) 1242 N. Bradway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Emmanuel Cemetery — DATE OF BURIAL, Sept 3. 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

C97890 HEALTH DEPARTMENT—CITY OF BALTIMORE C97890

64

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3361 S. Parrish ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delia Kelly

(Residence in Baltimore: No. 3351 S. Patrick St.; 54 yrs., 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 29, 1862 (Month) (Day) (Year)

7-AGE, 54 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Recipe
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), U.S. Balto

PARENTS.

10-NAME OF FATHER, Thos Hessian

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Toolan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Kelly

(Address) 335 S. Parrish st

15- SEP 2 - 1916 191... ROBERT R. KRAUTH Clerk

Burial Permit Record

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Aug 31 1916, that I saw h[illegible] alive on Aug 31 1916, and that death occurred, on the date stated above, at 5[illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. ds.

(Signed) E. V. Cornbrooks M. D.

Sept 1 1916, 191... (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Joseph Cemetery Texas Md — DATE OF BURIAL, Sept. 4, 1916.

20-UNDERTAKER John J. Fields — ADDRESS 1201 W. Lombard

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97891 × 108 C97891

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wroblewski

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.) Single

6-DATE OF BIRTH, July 27, 1898.
(Month) (Day) (Year)

7-AGE, 18 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Office Boy
(b) General nature of industry, business, or establishment in which employed (or employer) " "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Wroblewski

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Julia Gorney

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Albert & 20

15- FILED SEP 2 - 1916 ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to Aug 30 1916, that I saw him alive on Aug 30 1916, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Work Operation Intestines Abscess Peritonitis Following Appendicitis

Duration ....yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary) None

Duration ....yrs. 1 mos. 10 ds.

(Signed) Edward P. Smith M. D.

Aug 30, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 20 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Colgate, Md.

Former or usual residence Colgate, Md.

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, Sept 2, 1916.

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97892 C97892

CERTIFICATE OF DEATH. 152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Redman

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, ... (Month) 8 (Day) 31 (Year) 1916

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 0 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Ellsworth Redman

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Lillie Justice

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed SEP 2 - 1916 191.... ROBERT R. KRAUT... Clerk

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 8 (Day) 31, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from 8-31 1916, to 8-31 1916, that I saw her alive on 8-31 1916, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Wadsley M. D.

8-31-, 1916. (Address) Lunatic Asylum Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL, ..., 191...

20-UNDERTAKER .....

ADDRESS .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97893 C97893

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH REGISTERED NO. C .....

CITY OF BALTIMORE: (No. University Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Edelman Blumson

(Residence in Baltimore: No. University Hospital St.; .....yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug 31, 1916 (Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, ½ hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Isaac Blumson

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Sarah Sachs

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- FILED SEP 2 - 1916, 191.... ROBERT R. KRAUT... Registrar

Burial Permit Work

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31 1916, to Aug 31 1916, that I saw her alive on Aug 31, 1916, and that death occurred, on the date stated above, at 8 15 m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. W. ..... M. D.

Aug 31, 1916 (Address) University Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

B C97894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C97894

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Amorato

(Residence in Baltimore: No. 1517 N. Montford Ave St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Sing

6-DATE OF BIRTH, July (Month) 11 (Day), 1916 (Year)

7-AGE, ... yrs. 6 weeks. mos. 11 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Louis Amorato.

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Concetta Puccia.

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. Wells

(Address) Johns Hopkins Hosp.

15- Filed SEP 2 - 1916 191 ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29 1916, to Aug 30 1916, that I saw h[illegible] alive on Aug 31 1916, and that death occurred, on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH* was as follows:

Malnutrition

..... (Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) K. F. Logan M. D.

Aug. 31, 191 6 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1517 N. Montford Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	SEP ....., 191...
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2600 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97895 x 31 C97895

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9 St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Clement Hastings

(Residence in Baltimore: No. Laurel Md. St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, July (Month) 11 (Day), 1915 (Year)

7-AGE, 1 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. None (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ernest Hasting

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Ruth Dawson

13-BIRTHPLACE OF MOTHER (State or Country), Laurel Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Hasting

(Address) Laurel Md

15- Filed SEP 2 - 1916, 191.... ROBERT R. KRAUT[illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to Sept 1 1916, that I saw h[illegible] alive on Sept 1 1916, and that death occurred, on the date stated above, at 6.35 P.m.

The CAUSE OF DEATH* was as follows:

Tubercular peritonitis

Unknown

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Intestinal Obst.

(Duration) ....yrs. ....mos. 1 ds.

(Signed) M L Richards M. D.

Sept 1, 191.6 (Address) St. Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence Laurel Md

19-PLACE OF BURIAL OR REMOVAL, Laurel Md

DATE OF BURIAL, Sept. 2, 191.6

20-UNDERTAKER W J Wickes & Son

ADDRESS Glenmar Md

Spec.—8-14-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97896 C97896

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Jedraitis

(Residence in Baltimore: No. University Hospital yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 1, 1916
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 13 hrs. or 3 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER Vincent Jedraitis

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Mary Blouken

13-BIRTHPLACE OF MOTHER (State or Country) Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Jedraitis

(Address) 606 N. Lombard St

15- FILED SEP 2 - 1916. ROBERT R. KRAUT Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-1 1916, to 9-1 1916, that I saw him alive on 9-2 1916, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) yrs. mos. ds.

(Signed) J. J. Wolff M. D.

Sept. 2, 1916 (Address) University Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Sept 4, 1916.

20-UNDERTAKER John Zebrauskas

ADDRESS 500 S Paca

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

97897

HEALTH DEPARTMENT—CITY OF BALTIMORE

97897

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 913 Greenmount St. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Bonnet

(Residence in Baltimore: No. 913 Greenmount St. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct. 8, 1915.
(Month) (Day) (Year)

7-AGE, yrs. 10 mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Bonnet

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Edmondson

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mon Jones

(Address) 913 Greenmount St

15- Filed SEP 2 - 1916, 191.. ROBERT R. KRAUTH Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion from Heat,

(Duration) yrs. mos. ds.

(Signed) J. Wells Owens M. D.
(Coroner.)

Sept 2 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State None yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence None

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Sept 3., 1916

20-UNDERTAKER, Daniel Easton

ADDRESS 916 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97898 63 97898

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Bernard ST.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millard Francis Bowen

(Residence in Baltimore: No. 2811 Bernard St.; yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) ..... (Day) 1916 (Year)

7-AGE, About 6 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Albert Bowen

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Annie Ryan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Ryan

(Address) 2811 Bernard St.

15- Filed SEP 2 1916 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 31 1916, to Sept. 1 1916, that I saw him alive on Sept 1 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Acute Anterior Poliomyelitis

O.K. J. Frederick Kemper, M.D.

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) 6 yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Sept 2nd, 1916 (Address) 3433 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross. DATE OF BURIAL, Sept 2, 1916.

20-UNDERTAKER H. M. Gantt ADDRESS 1624 N. Royal Ave

C97899 C97899

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1024 Hollins St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard F Grantz

(Residence in Baltimore: No. 1024 Hollins St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED, WIDOWED~~ OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March (Month) 27 (Day), 1916 (Year)

7-AGE: — yrs. 5 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Joseph O Grantz

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Eleanora Dolch

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph O Grantz

(Address) 1024 Hollins St

15- SEP 2 - 1916, 191.. ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27, 1916, to, Sept 2 1916, that I saw h— alive on Sept 1 1916, and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Endocardial Endigestis

(Duration) yrs. 2 mos. ..... ds.

Contributory (SECONDARY) Acute Endocarditis

(Duration) yrs. ..... mos. 3 ds.

(Signed) E Kenneleur M. D.

Sept 2, 1916. [Address] 24 W Fallon

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters Cem DATE OF BURIAL: Sept 3, 1916

20-UNDERTAKER: Geo A Farley ADDRESS: Fulton & Lombard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If less than one day state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1264 C97900

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 E. North Ave ST.: 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Talmage Stackhouse

(Residence in Baltimore: No. 129 E. North Ave St.: 20 yrs., ? mos., ? ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 22 (Day), 1874 (Year)

7-AGE, 42 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Post Office

9-BIRTHPLACE, (State or Country), Brooklyn N.Y.

PARENTS.

10-NAME OF FATHER. Jno. J. Stackhouse

11-BIRTHPLACE OF FATHER (State or Country). Brooklyn N.Y.

12-MAIDEN NAME OF MOTHER Margaret Savage

13-BIRTHPLACE OF MOTHER (State or Country). Brooklyn N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gertrude V. Stackhouse

(Address) 129 E North Ave

15- SEP 2 - 1916 Filed ROBERT R. KRAUTER Registrar. 191 Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1913, to Sept. 1 1916, that I saw h— alive on Sept. 1 1916, and that death occurred, on the date stated above, at 8.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage on Front

(Duration) 1 yrs. mos. ds.

(Signed) G. M. Litsinger M. D.

Sept 2, 1916 (Address) 127 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery

DATE OF BURIAL, Sept 3, 1916

20-UNDERTAKER Stewart & Warren Co

ADDRESS 1082 W North Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97901 41 C97901

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1316 N Charles St. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME David Abercrombie

(Residence in Baltimore: No. 1316 N Charles St.: 69 yrs. ? mos. ? ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: May 6, 1840 (Month) (Day) (Year)

7 AGE: 76 yrs. 3 mos. 8 ds. — If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore Gas Co.

9 BIRTHPLACE (State or country): Aberdeen Scotland

PARENTS

10 NAME OF FATHER: David Abercrombie

11 BIRTHPLACE OF FATHER (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Christian Taylor

13 BIRTHPLACE OF MOTHER (State or country): Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. Elizabeth Hyde.
(Address): 1527 N. Broadst.

15 Filed SEP 2 - 1916 19 — ROBERT R. KRAUTER, REGISTRAR, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept. 2, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1916 to Sept 2 1916
that I saw him alive on Sept 2, 1916
and that death occurred, on the date stated above, at 8.15 P m.
The CAUSE OF DEATH* was as follows:

Carcinoma of the Rectum.

Clinical (Duration) 2 yrs. mos. 14 ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Frank Abercrombie M. D.
Sept 2, 1916 (Address) 1316 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cedar Lawn — DATE OF BURIAL: Sept 4, 1916

20 UNDERTAKER: Leonard Hommel — ADDRESS: 108 W North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97902 C97902

CERTIFICATE OF DEATH.

15 × 40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willard Smith

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 2 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 26 (Day), 1915 (Year)

7-AGE, ... yrs. 1 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, J. S. Smith

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Rose Rodgers

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. S. Smith

(Address) Romney W. Va.

15- SEP 2 - 1916 Filed ....., 191.... ROBERT R. KRAUTH Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31st 1916, to Sept 2nd 1916, that I saw h[illegible] alive on Sept 2nd 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Liver

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Portopneumonia Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. C. Wharton Smith 2nd M. D.

Sept. 2, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. 2 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Romney W Va

19-PLACE OF BURIAL OR REMOVAL, Romney W Va — DATE OF BURIAL, Sept. 3., 1916

20-UNDERTAKER Albert E Fuller — ADDRESS 2218 Brady

Spec.—5-19-13—M. & T.—500 Bks.

C97903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

C97903

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Leadenhall ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Thomas.

(Residence in Baltimore: No. 1032 Leadenhall St.; 56 yrs., 3 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 1 (Day) 1860 (Year)

7-AGE, 56 yrs. 3 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): (Stevedore)

9-BIRTHPLACE, (State or Country) Washington D.C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Thomas

(Address) 1032 Leadenhall St.

15-

Filed SEP 3 - 1916 191

ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13 1916, to Sept 1 1916, that I saw h[illegible] alive on September 1 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Clinical) (Duration) yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary)

Septicemia (Duration) yrs. 0 mos. ds.

(Signed) J. Guy Bowley M. D.

9/2/, 191 6 (Address) 136 Wilkens St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn C[illegible] | DATE OF BURIAL, Sept 3, 191 6

20-UNDERTAKER C. A. Brauer Son | ADDRESS 1811 Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

B 97904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 C97904

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeannette Pinner

(Residence in Baltimore: No. 1108 N. Carey St.; ..... yrs., 2 mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Sept (Day) 4 (Year) 1883

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Asbury Rogers

11-BIRTHPLACE OF FATHER (State or Country) Balto. Co. Md

12-MAIDEN NAME OF MOTHER Julia Scott

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James C. Pinner

(Address) 1108 Carey St

15- Filed SEP 3 - 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1916, to Aug 31 1916, that I saw her alive on Aug 31 1916, and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia Lobar

Exhaustion

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Aug 31, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Sept 3 191 6

20-UNDERTAKER James T. Hawley

ADDRESS 182 W Balto

Spec.—5-19-13—M. & T.—500 Bks.

C97905

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

C97905

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Harper St ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME LeRoy K Brice

(Residence in Baltimore: No. 3604 Harper St St.; ....yrs.,....mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ...Aug....15...., 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, LeRoy M Brice

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Edna DeHaven

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) LeRoy M Brice

(Address) 3604 Harper St

15 SEP 3 - 1916 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Sept....2..., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2d 191 , to Sept 2d 1916, that I saw h m alive on Sept 1st 1916, and that death occurred, on the date stated above, at 2A, m.

The CAUSE OF DEATH* was as follows:

Decomposition

.....

.....

..... (Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) Drowning

..... (Duration) ....yrs....mos. 1 ds.

(Signed) R B Hammond M. D.

Sept 2, 1916 (Address) 314 S Chamberlain Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, Sept 3, 1916

20-UNDERTAKER Chenoweth & Son — ADDRESS Chestnut Ave

C97906

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97906

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

14

C97906

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1040 Raborg ST 18 WARD)

2-FULL NAME Benjamin B. Brooks

(Residence in Baltimore: No. 1046 W. Raborg St.: 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Col.	Married

6-DATE OF BIRTH Unknown (Month) , 1 (Day) (Year)

7-AGE 45 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Unknown

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis Brooks

(Address) 1040 Raborg St

15-

SEP 3 - 1916

ROBERT R. KRAUTER
Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1916, to Aug 31 1916, that I saw h~~im~~ alive on Aug 31, 1916, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Dysentary

(Duration) yrs. mos. 9 ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. ds.

(Signed) J. L. Trooper M. D.

Sept 1 1916 (Address) 917 W Fay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Sept 4th 1916
20-UNDERTAKER A. Jones	ADDRESS 207 S. Stricker st

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

B97907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 C97907

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Green

(Residence in Baltimore: No. 1102 Wagon alley St.; 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write which)
Female	Black	Married

6-DATE OF BIRTH, unknown ? ..... (Month) ..... (Day) ....., 1874 (Year)

7-AGE, 42 yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Preston Wright

(Address) 1102 Wagon alley

15- Filed SEP 3 - 1916, 191.... ROBERT F. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31 1916, to Sept. 1 1916, that I saw her alive on Sept. 1 1916, and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Acute Heart

After (Duration) yrs. 20 mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) 2 yrs. mos. 1 ds.

(Signed) Edward A. Jewett M. D.

Sept. 1, 191.6 (Address) 2116 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 17 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1102 Wagon alley

Former or usual residence 1102 Wagon alley

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn DATE OF BURIAL, Sept. 3, 1916.

20-UNDERTAKER Wm H Hooper ADDRESS 607 Lilac St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97908

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C97908

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 662 Dover St. ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mellon Parron

(Residence in Baltimore: No. 662 Dover St. St.; 24 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. A Doctor should be called in every case to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 5 (Month), (Day), 1890 (Year)

7-AGE: 26 yrs. 5 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Labour
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Balt city

PARENTS

10-NAME OF FATHER: James Shaw

11-BIRTHPLACE OF FATHER (State or country): Balt city

12-MAIDEN NAME OF MOTHER: Mary Parron

13-BIRTHPLACE OF MOTHER (State or country): Balt city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Parron

(Address) 662 Dover St

15- Filed SEP 3 - 1916, 191. ROBERT B. KRAUTH Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1, 1916, to, Sept 2, 1916, that I saw h[illegible] alive on Sept 2 1916, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchitis 2.13.

(Duration) ..... yrs 1 mos. 1 ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs 1 mos. 1 ds.

(Signed) C B Howell M. D.

Sept 2 1916 [Address] 712 S Stricker St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Int Auburn Cemetery

DATE OF BURIAL: Sept 5 1916

20-UNDERTAKER: Geo H Hooper

ADDRESS: 609 Little Raven St

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

B C97909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C 97909

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 N. Durham ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estella Waddy

(Residence in Baltimore: No. 433 N. Durham St St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 12, 1888 (Month) (Day) (Year)

7-AGE, 27 yrs. 11 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House-work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, William Stevenson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Hicks

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Dorsey

(Address) 1721 Orleans St.

15-SEP 3 - 1916 Filed ..... 191.....

ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to Aug 30 1916, that I saw h.. alive on Aug 31 1916, and that death occurred, on the date stated above, at 5.45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Richard H. Edelin M. D.

Aug 31, 1916 (Address) 1514 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetary

DATE OF BURIAL, Sept 3, 1916.

20-UNDERTAKER Mrs Robert A Elliott

ADDRESS 506 East-St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97910 28 C97910

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U S Marine Hospital St.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lee Brown

(Residence in Baltimore: No. U. S. Marine Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 29 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) U.S. Marine Hospital

15- SEP 3 - 1916 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to Sept. 3 1916, that I saw him alive on Sept. 2 1916, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. D. Chas. K. Vogel M. D.

Sept. 3., 1916 (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 28 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Sept. 3..., 1916.

20-UNDERTAKER Chenoweth & Son ADDRESS 3611 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97911 C97911

REGISTERED No. C 102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2239 Essex ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rudolph Shenna

(Residence in Baltimore: No. 2239 Essex St.; 50 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 1 (Day) (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Saloon-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Anton Shenna

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Shenna

(Address) 2239 Essex st

15-

Filed SEP 3 - 1916 191 ROBERT B. KRAUTER

Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 30 1916, to Sept 1 1916, that I saw h~~e~~ alive on Sept. 1 1916, and that death occurred, on the date stated above, at 8:07 m.

The CAUSE OF DEATH* was as follows: a

Gastric Ulcer

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Haemorrhage

(Duration) yrs. mos. 2 ds.

(Signed) Charles Green M. D.

9/1/16, 191... (Address) 408 S Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem.

DATE OF BURIAL, Sept 3, 191 6.

20-UNDERTAKER Frank Trachsel

ADDRESS 1900 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C97912

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N Shuter ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Matyseh

(Residence in Baltimore: No. 801 N. Shuter St.; yrs. 9 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, July (Month) 30 (Day), 1916 (Year)

7-AGE, ...yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Matyseh

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Agnes Fineh

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Matyseh

(Address) 801 N. Shuter

15-

Filed SEP 5 - 1916, 191..

ROBERT R. KRAUTH
Burial Permit Officer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 25 191.., to Sept 1 191.., that I saw h.. alive on Sept 1 191.., and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Enteritis Colitis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ....yrs. ....mos. 1 ds.

(Signed) H. J. Kraemer M. D.

Sept 1, 191.. (Address) 1200 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Sept 3, 1916

20-UNDERTAKER Frank Crackston — ADDRESS 1146 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97913 C97913

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 15

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No 3017 Garrison Ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alanson W.E. Fee

(Residence in Baltimore: No. 3017 Garrison Ave ~~St.~~ 5 yrs. 2 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Child

6-DATE OF BIRTH: June 4, 1911 (Month) (Day) (Year)

7-AGE: 5 yrs. 2 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Thomas H. Fee

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Josephine W. Pouder

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Herbert Fee

(Address 3017 Garrison ave

15. SEP 3 - 1916 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 30th, 1916, to Sept. 2 1916 that I saw him alive on Sept 2, 1916. and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

Probable (Duration) — yrs. — mos. 10 ds.

Contributory (SECONDARY) Hyperpyrexia (Duration) — yrs. — mos. 2 ds.

(Signed), Edw. Dummer M. D.

Sept. 2, 1916. (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Sept 4th, 1916

20-UNDERTAKER: Graham F. Walker — ADDRESS: 723 W. Lafayette

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec —5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C97914 C97914

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 E. Streeper ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Handlaser

(Residence in Baltimore: No. 203 Streeper St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ~~Sept.~~ June 20, 1868 (Month) (Day) (Year)

7-AGE, 38 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ammunition
(b) General nature of industry, business, or establishment in which employed (or employer): maker

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert Handlaser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Klaus

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Handlaser

(Address) 203 N. Streeper St

15- Filed SEP 3 - 1916 ROBERT R. KRAUTER Clerk

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 2nd, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1916, to Sept 2 1916, that I saw him alive on Sept 2 1916, and that death occurred, on the date stated above, at 3:20 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward E Beach M. D.

Sept 2, 1916. (Address) 1 E 21st St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Sept. ..., 1916

20-UNDERTAKER J. Heemann ADDRESS 3r S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

Spec.—8-24-14—M. & T.—2000 Bks.

C97915

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97915

CERTIFICATE OF DEATH.

157

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1542 Argyle Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence H Brown

(Residence in Baltimore: No. 1542 Argyle Ave St.; ....yrs. ....mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, Sept (Month) 1 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edmund H O Brown

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary A Harrell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Harrell

(Address) 1542 Argyle Ave

15- Filed SEP 3 - 1916, 191.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 3rd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to Sept 3 1916, that I saw h[illegible] alive on " 3 1916, and that death occurred, on the date stated above, at 3.00 a. m.

The CAUSE OF DEATH* was as follows:

1. Gastro Enteritis
2.
3.
(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Leo. H. Lauenstein M. D.

Sept 3, 1916 (Address) 325 S. Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept 3, 1916.

20-UNDERTAKER John H Oberlin — ADDRESS 100 Monroe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97916 C97916

CERTIFICATE OF DEATH.

x 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie B Kidd

(Residence in Baltimore: No. St Josephs Hosp. St.; ....yrs. ....mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) 10 (Day), 1871. (Year)

7-AGE, 44 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dressmk.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward S Rudd

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Housman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles S Kidd

(Address) Balto & Md

15-

Filed SEP 3 - 1916 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Clerk (Crem)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 2 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 28 191 , to Sept 2 191 6, that I saw h[illegible] alive on Sept 2 191 6, and that death occurred, on the date stated above, at 9.10 P m.

The CAUSE OF DEATH* was as follows:

Acute Exacerbation of
Chronic Nephritis
Cholecystectomy (Duration) ....yrs. ....mos. 3 ds.
CONTRIBUTORY (Secondary) Duodenal Ulcer
(Duration) ....yrs. ....mos. 6 ds.

(Signed) W. L. Richards M. D.

Sept 5, 1916. (Address) St Joseph's Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Acute Condition Contracted

Former or usual residence Rayville Balto Co Md

19-PLACE OF BURIAL OR REMOVAL. Pine Grove Cemetery

DATE OF BURIAL. Sept 5, 1916

20-UNDERTAKER E. De Ray Stiffler

ADDRESS 844 N. 36th

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97917 C97917

CERTIFICATE OF DEATH.

105

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 Richmond ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil G. Traband

(Residence in Baltimore: No. 310 Richmond St. St.: yrs. 7/12 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, Nov. (Month) 3 (Day), 1909 (Year)

7-AGE, 6 yrs. 9 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Emil W. Traband

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Maya Aumann

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry B. Bottom

(Address) 310 Richmond st

15- Filed SEP 3 - 1916 ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1916, to Sept 1 1916, that I saw h[illegible] alive on Sept 1 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

gastro intestinal indigestion

(from Constipation & vermifuge)

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. 1 hour mos. ds.

(Signed) H. E. Ramsey M. D.

Sept 2, 1916 (Address) 100 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Leakin Park DATE OF BURIAL, Sept. 3, 1916

20-UNDERTAKER W. J. Pedersen ADDRESS North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Abbie Rochester

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97918

CERTIFICATE OF DEATH.

120 C97918

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abbie Rochester

(Residence in Baltimore: No. 1413 Jefferson h St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	married

6-DATE OF BIRTH, Dec 10th ....., 1869.
(Month) (Day) (Year)

7-AGE, 46 yrs. 8 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edmund Heath

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ezra Rochester (Husband)

(Address) 1413 Jefferson a

15 SEP 3 - 1916 ROBERT R. KRAUTER

Filed ....., 191.... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 1st, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18th 1916, to Sept 1st 1916, that I saw h C Y alive on Sept 1st 1916, and that death occurred, on the date stated above, at 2-30 p m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

following Arteriosclerosis

..... (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis not certain

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) L. L. Linney M. D.

Sept 2nd 1916. (Address) 1220 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Druid Cemetery	Sept 4th 1916
20-UNDERTAKER	ADDRESS
Chas G Bailey	1221 Jefferson st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97919 28 C97919

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 E. Madison ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Lindsay

(Residence in Baltimore: No. 1617 E. Madison St.: 4 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 24, 1911 (Month) (Day) (Year)

7-AGE, 4 yrs. 10 mos. 22 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Trusby Lindsay

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Lindsay

(Address) 1617 E. Madison St

15- Filed SEP 3 - 1916, 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1916, to Sept 2 1916, that I saw h.. alive on Sept 1, 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonic phthisis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Tubercular meningitis

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Robert J. Green M. D.

Sept. 3, 1916. (Address) 120½ Aisquith St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Sept 4th 1916.

20-UNDERTAKER Harry A. Vodrey ADDRESS 1725 Orleans St

C97920

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C97920

1

13

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 603 N. Carey St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. W. Thornton

(Residence in Baltimore: No. 603 N. Carey St.: 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 28 (Month), (Day), 1846 (Year)

7-AGE: 70 yrs. 5 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Frances Thornton

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Elizabeth Chrisman

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Thornton

(Address) 603 N. Carey St.

15 Filed SEP 4 - 1916, 191 — Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 9 (Month), 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1916, to Sept. 7 1916, that I saw h[illegible] alive on Sept. 7 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(Duration) 7 yrs. mos. ds

Contributory (SECONDARY) Uraemia

(Duration) yrs. mos. 6 ds.

(Signed) A. J. Bamrath M. D.

9-7, 1916 (Address) 1611 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Sept 4, 1916

20 UNDERTAKER: E. M. Mitchell & Co — ADDRESS: 1201 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C979:21 C979:21

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 108

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj H Will

(Residence in Baltimore: No. 35 E Barney St. St.: — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 17 (Day), 1869 (Year)

7-AGE, 47 yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Freight
(b) General nature of industry, business, or establishment in which employed (or employer) Conductor

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Perry Will

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Tabitha Hood

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas H Will

(Address) 1202 Wilson St.

15- SEP 4 - 1916 HARRY C. ANDREWS

Filed ..... 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24 1916, to Sept 2 1916, that I saw h im alive on Sept 2 1916, and that death occurred, on the date stated above, at 9 45 m.

The CAUSE OF DEATH* was as follows:

Acute Suppurative Appendicitis

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Jas Hagan Jr M. D.

Sept 2, 191 6 (Address) Mass Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. Life mos. ..... ds.

Where was disease contracted, if not at place of death? Balt. Md

Former or usual residence 35 E Barney St.

19-PLACE OF BURIAL OR REMOVAL, Woodbine Carroll Co. DATE OF BURIAL, Sept. 5, 1916.

20-UNDERTAKER E. J. Fanning ADDRESS 1460 Battery Ave

Spec.—5-19-13—M. & T.—500 Bks.

B 097922

HEALTH DEPARTMENT—CITY OF BALTIMORE

097922

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 790 N. Franklin ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kenneth Wallace

(Residence in Baltimore: No. 790 N. Franklin St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col.	widow

6-DATE OF BIRTH, November, 1873
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
43 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Harriet Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Tall

(Address) 790 N. Franklin St.

SEP 4 - 1916 HARRY C. ANTLE

Filed..... 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 1st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10th 1916, to Sept. 1 1916, that I saw h[illegible] alive on Aug. 29 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. mos. ds.

(Signed) Dr. S. Shefel M. D.

Sept 2, 1916 (Address) 2 E. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemetery	Sept 4, 1916
20-UNDERTAKER	ADDRESS
Charles B Jones	235 N Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97923 — 97923

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 748 ... ST.: 17 ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter T. Insley

(Residence in Baltimore: No. 748 George's St ... St.: ... 7 yrs. 4 mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 15, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. ... mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Cooper

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Irne Insley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irne Insley

(Address) 748 George's St

15 SEP 4 - 1916 Filed ..... 191 ... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to Sept 2 1916, that I saw h[illegible]m alive on Sept 1 1916 and that death occurred, on the date stated above, at 10:05 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Wm H. Young M. D.

Sept 2, 1916 (Address) 1014 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Sept. 4, 1916

20-UNDERTAKER Charles B. Jones

ADDRESS 2354 Pine St

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

B C97924

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97924

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 E Fort ave ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H Bosley

(Residence in Baltimore: No. 25 E Fort ave. St.; 76 yrs., ~ mos. ~ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, unknown, (Month) 1 (Day) (Year)

7-AGE, 76 yrs. ~ mos. ~ ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chief Costumer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W Bosley

(Address) 25 E Fort Ave

15- SEP 4 - 1916 HARRY D. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 2d (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9th 1916, to Sept 2d 1916, that I saw h[illegible] alive on Sept 1st 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Senility General debility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 24 ds.

(Signed) [illegible] M. D.

Sept 3d, 1916. (Address) 1425 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Sept 5, 1916.

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97925 — 15 — C97925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital

REGISTERED NO. C

CITY OF BALTIMORE: (No. Lafayette & Jrhn, ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles McKenna

(Residence in Baltimore: No. ..... St.; \ yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 2, 1916
(Month) (Day) (Year)

7-AGE, \ yrs. \ mos. \ ds.

If LESS than 1 day, 12 hrs. or \ min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. \
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Women's Hospital

PARENTS.

10-NAME OF FATHER, Mr. Charles P. McKenna

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Mrs. Teresia K. Moosmann

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. P. McKenna

(Address) 1201 Bank

15- Filed SEP 4 - 1916, 191.. MARY C. ANDERSON Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to Sept 3 1916, that I saw him alive on Sept 3 1916, and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) \ yrs. \ mos. \ ds.

CONTRIBUTORY (Secondary) Placenta previa

(Duration) yrs. mos. ds.

(Signed) R. C. Silvester M. D.

Sept 3, 1916. (Address) Womans Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Sept 4, 191..

20-UNDERTAKER Bertram D. Post — ADDRESS 1737 W. Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97926 — 15 — C97926

Spec.—8-24-14—M. & T.—2000 Bks.

B C97926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

C97926

1-PLACE OF DEATH 13 N. Schroeder St. REGISTERED NO. C.....

CITY OF BALTIMORE; (No. ..... ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Altwater

(Residence in Baltimore: No. 13 N Schroeder St.; 60 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 25, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 1 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Wohrhaut

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER don't know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Altwater

(Address) 13 N. Schroeder St.

15- SEP 4 - 1916 Filed ..... 191.....

Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Augst 3 1916, to Sept 2nd 1916, that I saw h.. alive on Sept 1st 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) H. W. Bartlett M. D.

Sept 4 1916 (Address) 1403 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loraine County	Sept 5, 1916
20-UNDERTAKER	ADDRESS
Mrs A Rohde & Son	730 Park Ave

Spec.—5-19-13—M. & T.—500 Bks.

B 097927

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 097927

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 452 W 25th St., 17th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Virginia White

(Residence in Baltimore: No. 402 W. 25th St.

St.; ....yrs., 7 mos. 5 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... (Month) Jan 28, (Day) 1916. (Year)

7-AGE,	If LESS than 1 day,
....yrs. 7 ...mos. 5 ...da.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas White

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Anna Apilly

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas White

(Address) 452 W. 25th St

15- SEP 4 - 1916 HARRY O. ANDREW

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sep (Month) 2 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25th 1916, to Sep 2 1916, that I saw h.. alive on Sep 1st 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum Toxemia

..... (Duration)....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary) None

..... (Duration)....yrs....mos....ds.

(Signed) Chas. H. Eversfield M. D.

Sept 3rd 1916 (Address) 1700 W. 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Ham't. | DATE OF BURIAL, Sep 4, 1916.

20-UNDERTAKER H. M. Faulkner | ADDRESS 1624 N. Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97928

13 172

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland Gen. Hosp. St. 17th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Banks.

(Residence in Baltimore: No. 571 Dolphin St

St., yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 7 (Day) 1855 (Year)

7-AGE, 61 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel Banks

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Burgess

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. W. Banks

(Address) 571 Dolphin

15- Filed SEP 4 - 1916, 191.... HARRY D. ARDEN Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 3 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull

Homicide

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Blow with fist

(Duration) yrs. mos. ds.

Signed) H. McCormick M. D.

(Coroner.)

Sept, 191.6. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 571 Dolphin St

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL, Sept 5, 1916

20-UNDERTAKER: C. J. Segelbach & Sons | ADDRESS 1141 Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Pl.

Spec.—8-24-14—M. & T.—2000 Bks.

C97929 C97929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Canal ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Jackson

(Residence in Baltimore: No. 1125 Canal St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1880 (Year)

7-AGE, 36 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Waiter
(b) General nature of industry, business, or establishment in which employed (or employer). Public

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Jackson

(Address) 1125 Canal St

15. SEP 4 - 1916 Filed...., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1916, to Sept. 1 1916, that I saw him alive on Aug 31, 1916, and that death occurred, on the date stated above, at 7.40 A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

Sept 1, 1916 (Address) 120½ Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loud Cemy — DATE OF BURIAL, Sept 4, 1916

20-UNDERTAKER John H. Ames — ADDRESS 1222 Lemmon

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

13 C97930

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97930

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum 104 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelina Jordan

(Residence in Baltimore: No. St Vincents Infant Asylum St.; 1 yrs., 3 mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, May (Month) 27 (Day), 1915 (Year)

7-AGE, 1 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St

15- SEP 4 - 1916 MARY C ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1915, to Sept 2 1916, that I saw him alive on Sept 2 1916, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

.....a.....

.....Gastro-enteritis.....

.....

..... (Duration).....yrs.....mos...10.ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) H. J. Powers M. D.

....., 191... (Address) 2571 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 3 mos. 6 ds. In the State 1 yrs. 3 mos. 6 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Sept 4, 191 6

20-UNDERTAKER M Fahey & Sons — ADDRESS 206 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97931 C97931

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 1022 Peach Alley St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Carr

(Residence in Baltimore: No. 1022 Peach Alley St.; 54 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, (Month) (Day) (Year) Unknown, 1862

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Thomas Wolfe

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Bruce

(Address) 1022 Peach Alley

15- SEP 4 - 1916 Filed, 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 16 1916, to Sept. 1 1916, that I saw h[illegible] alive on Aug 29 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

Peritonitis

Duration 2 hrs.

CONTRIBUTORY (Secondary) Probably Tuberculous Enteritis

(Duration) yrs. 2 mos. ds.

(Signed) C. A. Keen M. D.

Sept. 2 1916 (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, 9/4, 1916

20-UNDERTAKER James T. Brumley ADDRESS 1582 Walbe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Burial Permit Clerk

W 6282

Spec.—5-19-13—M. & T.—500 Bks.

B C97932

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97932

64

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N Fallen ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Watts

(Residence in Baltimore: No. 224 N Fallen St Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1875 (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Braxton Stokes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Susan Fears

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse Watts

(Address) 224 N Fallen St

15- SEP 4 - 1916

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to Sept 2 1916, that I saw her alive on Sept 1 1916, and that death occurred, on the date stated above, at 6 30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Acute Lobar

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Heart Disease

(Duration) yrs. 2 mos. ds.

(Signed) J B Gordon M. D.

Sept 4, 1916 (Address) 916 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, Sept 2, 1916

20-UNDERTAKER, Chas C Mosley ADDRESS 1518 Bolton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97933 104 C97933

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Eagle St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edw. E. Thomas

(Residence in Baltimore: No. 2112 Eagle St.; X yrs., 9 mos. 9 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Single

6-DATE OF BIRTH, Nov. (Month) 24 (Day), 1914 (Year)

7-AGE. X yrs. 9 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.? X

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Henry A. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Kate Harrison

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry A. Thomas

(Address) 2112 Eagle St.

15- Filed SEP 4 - 1916, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8-26 1916, to 9-2 1916, that I saw h[illegible] alive on 9-1-1916, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Enteritis Colitis and Acute Bronchitis

(Duration) X yrs. X mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) X yrs. X mos. 3 ds.

(Signed) F. Gilchrist M. D.

9/2, 191.6 (Address) 19 Wilkens

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westerns Cemetery — DATE OF BURIAL, Sept. 4, 1916

UNDERTAKER Geo. L. Schwab & Bro. — ADDRESS 2101 Eutaw ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97934 C97934

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N Collington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E Joyner Sr

(Residence in Baltimore: No. 512 N. Collington St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 27 (Day), 1858 (Year)

7-AGE, 57 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, John T Joyner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Ella Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ella Joyner

(Address) 512 N Collington ave

15- Filed SEP 4 - 1916 191 HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 2nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 28 1916, to September 2 1916, that I saw h[illegible] alive on September 2nd, 1916, and that death occurred, on the date stated above, at 5-35 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) yrs. mos. 2 ds.

(Signed) Albert G Dingwall M. D.

7/29, 1916. (Address) 1613 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Sept. 4, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97935 C97935

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 N Calhoun St ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Thompson

(Residence in Baltimore: No. 1007 N Calhoun St St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1852 (Year)

7-AGE, 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Thompson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Thompson

(Address) 1007 N. Calhoun St.

15- Filed SEP 4 - 1916 HARRY C. ANDREWS Burial Permit Clerk By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9th (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8/30 1916, to 9/1 1916, that I saw h— alive on 9/1 1916, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Primary Pneumonia

..... (Duration) .....yrs. .....mos. 12 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) .....yrs. .....mos. 1 ds.

(Signed) ..... M. D.

9/4, 1916 (Address) ....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept 7, 1916

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C97936

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C97936

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Audrey Wehn

(Residence in Baltimore: No. 1624 Braddish ave St.; ....yrs., 1 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. July (Month) 14 (Day), 1916 (Year)

7-AGE. —yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Thomas Wehn

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Carrie Butcher

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas A. Wehn

(Address) 1624 Braddish Ave

15- SEP 4 - 1916 Filed....., 191.... MARY C. ABELL... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1916, to Sept 3 1916, that I saw her alive on Sept 3 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhea & Enteritis

(Duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. F. Kieffer M. D.

Sept 3, 1916. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. 8 ds. In the State yrs. 1 mos. 20 ds.

Where was disease contracted, if not at place of death? 1624 Braddish ave.

Former or usual residence 1624 Braddish ave.

19-PLACE OF BURIAL OR REMOVAL. New Cathedral DATE OF BURIAL. Sept 4, 191.

20-UNDERTAKER Joseph L. Block ADDRESS 1002 W. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C97937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 152 C97937

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 McMechen ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Jones —

(Residence in Baltimore: No. 509 McMechen St.; ... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Infant

6-DATE OF BIRTH, Sept 2, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ... mos. ... ds.

If LESS than 1 day, 12 hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, — Wilson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Alice Jones

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Taylor

(Address) 509 McMechen St

15- SEP 4 - 1916 HARRY C. ANDREWS

Filed ... 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 191 6, to Sept 2 191 6 that I saw h[illegible] alive on Sept 2 191 6, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Atelectasis due to
Premature birth

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward Short M. D.

Sept. 2, 1916 (Address) 1812 Druid Park av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Sept. 4, 1916

20-UNDERTAKER George N. Holland

ADDRESS 577 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

13 C97938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C97938

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Hudson St. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kathlyn Smith

(Residence in Baltimore: No. 2913 Hudson St ST.; 1 yrs. — mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August 8, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. — mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore city

PARENTS.

10-NAME OF FATHER, William Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore city

12-MAIDEN NAME OF MOTHER Kathlyn Mooney.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Smith

(Address) 2913 Hudson St

15- FILED SEP 4 - 1916, 191.... Harry C. Andrews Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 2nd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1916, to Sept 2 1916, that I saw h-r alive on Sept 2 1916, and that death occurred, on the date stated above, at 1.45 p. m.

The CAUSE OF DEATH* was as follows:

Oleo - Colitis

(Duration)....yrs. 2 mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration)....yrs.....mos.....ds.

(Signed) W. B. Tallon M. D.

Sept. 3, 191.6 (Address) 2035 O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St Mathews	Sept. 4th, 191.6.
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C97939

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C97939

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 N Pulaski St.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter A Posthier

(Residence in Baltimore: No. 306 N Pulaski St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 28, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: B&A Conductor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

19-NAME OF FATHER, John H Posthier

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rose Eileen

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Posthier

(Address) 306 N Pulaski St

15- SEP 4 - 1916 HARRY C. ANDREW
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 3rd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2nd 1916, to Sept 3rd 1916, that I saw h[illegible] alive on Sept 2nd 1916, and that death occurred, on the date stated above, at 8.15 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw A Mortimer M. D.

Sept 4th 1916 (Address) 530 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodbridge M.E. Cemetery

DATE OF BURIAL, SEP 5 - 1916

20-UNDERTAKER Geo A Gerber

ADDRESS Baltimore Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

13 C97940

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C97940

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Greenmount Ave WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A McBride

(Residence in Baltimore: No. 1119 Greenmount Ave St.; 68 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar. 16, 1858 (Month) (Day) (Year)

7-AGE, 58 yrs. 5 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm A Clifford

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann McNamara

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas W. Bulger

(Address) 1119 Greenmount Ave

15- SEP 4 - 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 3rd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 1912, to Sept 3rd 1916, that I saw h e alive on August 30 1916, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Apoplexy)

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 7 mos. ds.

(Signed) B. Edell M. D.

Sept 3, 1916 (Address) 1119 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Sept 6 1916

20-UNDERTAKER Geo M Fink ADDRESS 811 N. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C97941 C97941 154

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2828 Dillon ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Marszalek

(Residence in Baltimore: No. 2828 Dillon St.; 30 yrs., —— mos. —— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown About 90 yrs. (Month) (Day) (Year) 1826

7-AGE, abt 90 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Slowik

(Address) 2828 Dillon St.

15- Filed SEP 4 - 1916 HARRY G. ANDERSON Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 3 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Sept 1916, that I saw her alive on Sept 2 1916, and that death occurred, on the date stated above, at 1230 m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. B. Culbert M. D.

Sept 4, 1916 (Address) 303 S. O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem DATE OF BURIAL, Sept 5, 1916

20-UNDERTAKER Stephen J Fialkowski ADDRESS 1019 S Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C97942

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97942

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 Canton ave ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincenty Gistell.

(Residence in Baltimore: No. 1928 Canton Ave St.; 40 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug. (Month) Not Known (Day) —, 1861 (Year)

7-AGE.	If LESS than 1 day,
55 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country), Germany. A

PARENTS.

10-NAME OF FATHER, Not. Known.

11-BIRTHPLACE OF FATHER (State or Country), Not. Known

12-MAIDEN NAME OF MOTHER Not. Known

13-BIRTHPLACE OF MOTHER (State or Country), Not. Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Gistell

(Address) 1928. Canton. ave

15- SEP 4 - 1916 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1916, to Sept. 2 1916, that I saw him alive on Sept. 2 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Chronic)
accompanied by sclerosis of the
lower extremities.

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John H. Rabbergen M. D.

Sept. 3, 1916. (Address) 1709 Aliceanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Rosary.	Sept. 5, 1916
20-UNDERTAKER William Fiaschetti	ADDRESS 1618 Eastern ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97943 HEALTH DEPARTMENT—CITY OF BALTIMORE C97943

CERTIFICATE OF DEATH. 151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Griffith Ct. ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Effie Fritsch

(Residence in Baltimore: No. 411 Griffith Ct. St.; ..... yrs., ... mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, August (Month) 19 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Martin Fritsch

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Tina Werner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Esra Fritsch

(Address) 411 Griffith Court

15-

Filed SEP 4 - 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 25 1916, to Sept 3 1916, that I saw h[illegible] alive on Sept 3 1916, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

..... Inanition .....

..... Premature Birth .....

..... (Duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. L. Valentine M. D.

Sept 4, 1916. (Address) 16 So Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Sept 5, 1916

20-UNDERTAKER, Jacob Talkowski

ADDRESS 428 S Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97944 C97944

CERTIFICATE OF DEATH.

REGISTERED NO. C 8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Winchester ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Gertrude Thomas

(Residence in Baltimore: No 1423 Winchester St.; ..yrs., 8 mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 4, 1916 (Month) (Day) (Year)

7-AGE, — yrs. 8 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Baby

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George F. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Nettie J. Hicks

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. F. Thomas

(Address) 1423 Winchester

15- Filed SEP 4 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3 1916, to Sept. 4 1916, that I saw her alive on Sept 4 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Pertussis

(Duration) yrs. mos. 30 ds.

(Signed) Chas. E. Clark M.D. M. D.

Sept. 4, 1916 (Address) 1310 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet — DATE OF BURIAL, Sept. 5, 1916

20-UNDERTAKER Lawrence Smyth — ADDRESS 1364 Mary

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C97945

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1320 West ... St. 9 ... WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A Murphy

(Residence in Baltimore: No. 1320 West ... St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH June 4, 1916 (Month) (Day) (Year)

7-AGE ... yrs. 3 mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Baby.
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: Martin Murphy.

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Agnes Colbert

13-BIRTHPLACE OF MOTHER (State or country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Agnes Murphy.

(Address) 1320 West St.

15 SEP 4 - 1916 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept. 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1916, to Sept. 4 1916, that I saw her alive on Sept. 3, 1916, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Enterocolitis

Marasmus

... (Duration) ... yrs. ... 6 weeks

Contributory (SECONDARY) ...

... (Duration) ... yrs. ... mos. ... ds.

(Signed) J. C. Bramback M. D.

Sept. 4, 1916 (Address) 2128 monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Holy Cross | DATE OF BURIAL: Sept 5, 1916

20-UNDERTAKER: E. A. Weisfeld Jr. | ADDRESS: Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97946 C97946 63+ 5

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 613 N Central ave ST.: WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME albert Chappell

(Residence in Baltimore: No. 613 N. Central ave St.: 2 yrs. 11 mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Oct 2, 1913 (Month) (Day) (Year)

7-AGE: 2 yrs. 11 mos. ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: John Chappell

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Nettie Bowen

13-BIRTHPLACE OF MOTHER (State or country)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Chappell

(Address) 1578 N. Calhoun St

15- SEP 4 - 1916 Filed ....., 191 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 2, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1916, to Sept 2 1916, that I saw him alive on Sept 2, 1916, and that death occurred, on the date stated above, at 11.45 p. m.

The CAUSE OF DEATH* was as follows:

Infantile Paralysis

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A L Hornstein M. D.

9/4, 1916 (Address) 733 Argyle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept. 4th 1916

20-UNDERTAKER: George J. Ruth — ADDRESS: 1735 Hart Ave

4 50

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N Central ave ST.; ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Chappell

(Residence in Baltimore: No. 613 N Central ave St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Oct (Month) ..... (Day), 1913 (Year)

7-AGE,	If LESS than 1 day,
3 yrs. 11 mos. ..... ds.	..... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Chappell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Nettie O'Brien

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Chappell

(Address) 1518 N. Dallas st.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to Sept 2 1916, that I saw him alive on Sept 2 1916, and that death occurred, on the date stated above, at 11.45 p. m.

The CAUSE OF DEATH* was as follows:

Laceration of Brain
Compression of Heart
Salmon C.
(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Heart
(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Dr. W. Kennard M. D.

Sept 3, 1916 (Address) 708 Eason st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191..
20-UNDERTAKER George F. Ruth	ADDRESS 1735 Harford Ave

C97947

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C97947

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 105 N. Carey St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elmer Ellsworth Robinson

(Residence in Baltimore: No. 105 N. Carey St.: 48 yrs. 4 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: April 14, 1868 (Month) (Day) (Year)

7 AGE: 48 yrs. 4 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Automobile Tire
(b) General nature of industry, business, or establishment in which employed (or employer): Agent

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Dorsey N. Robinson

11 BIRTHPLACE OF FATHER (State or country): Balto. Co. Md

12 MAIDEN NAME OF MOTHER: Mary A Downs

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mary Robinson, wife of Deceased

(Address) 105 N. Carey St

15 SEP 4 - 1916 Filed ..... 191 HARRY D. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept. 4th, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 5th, 1916, to Sept 4th 1916, that I saw him alive on Sept. 4th, 1916, and that death occurred, on the date stated above, at 2.15 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Unknown (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles Lieb M. D.

Sept 4, 1916 (Address) 111 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Sept 6th, 1916

20 UNDERTAKER: Joseph B. Cook — ADDRESS: 1003 N. Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97948

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

C97948

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1028 W Barre, ST.: 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredericka Virginia Heiner.

(Residence in Baltimore: No. 1028 W. Barre St. St.: Life yrs. ~ mos. ~ ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan., 18, 1846 (Month) (Day) (Year)

7-AGE: 70 yrs. 7 mos. 17 ds. If LESS than 1 day, ~ hrs. or ~ min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: John N. Mahr.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Rosine Haines

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Rosa J. Heiner.

(Address): 102 8 W. Barre St.

15-

Filed SEP 4 - 1916, 19.. HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept., 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug., 21, 1916, to Sept., 4, 1916, that I saw h[illegible] alive on Sept., 2, 1916, and that death occurred, on the date stated above, at 6 A. m.
The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver.

(Duration) 2 yrs. ~ mos. ~ ds

Contributory (SECONDARY) Acute Dilatation of Heart.

(Duration) ~ yrs. 1 ~ mos. 14 ds.

(Signed) Albert L. Chambers, M. D.

Sept. 4, 1916 (Address) 1012 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Sept 6", 1916

20-UNDERTAKER: Joseph B Cook

ADDRESS: 1003 W. Baltimore St

HEALTH DEPARTMENT--CITY OF BALTIMORE

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C97949 67 C97949

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 513 Longwood St. 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. D. Atwell

(Residence in Baltimore: No. 513 Longwood St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

~~SINGLE MARRIED WIDOWED OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: Nov. 22 1866 (Month) (Day) (Year)

7-AGE: 49 yrs. 9 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: /
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE (State or country): Balto, Md

PARENTS

10-NAME OF FATHER: Butler

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Sweeney

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. J. A. Atwell

(Address) 513 Longwood Ave

15- Filed SEP 5 - 1916, 191 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept. 1 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28, 1916, to Sept 1 1916, that I saw h-er alive on Sept 1 1916, and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Paresis

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY) / (Duration) yrs. mos. ds.

(Signed) Frank N. Hillis M.D.

Sept 3rd, 1916 [Address] 29 W Lanvale St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Sept 5, 1916

20-UNDERTAKER: P. F. McElfresh — ADDRESS: 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

B C97950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 C97950

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hos. Gilsl ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Smoot

(Residence in Baltimore: No. 1627 Presbury St St.; 20 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.)
Female	Black	Married

6-DATE OF BIRTH, Dec 25 (Month) (Day), 1874 (Year)

7-AGE, 41 yrs. 8 mos. 9 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Andrew Gray

11-BIRTHPLACE OF FATHER (State or Country), West River

12-MAIDEN NAME OF MOTHER Mary Gray

13-BIRTHPLACE OF MOTHER (State or Country), West River

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth E Tolson

(Address) 1627 Presbury St

15- SEP 5 - 1916 HARRY O. ANDREWS

Filed ..... 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 3 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1916, to Sept. 3 1916, that I saw her alive on Sept. 3 1916, and that death occurred, on the date stated above, at 2:54 m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroid

Hysterectomy Aug 24-1916

(Duration) Short time ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(Duration) Few minutes ds.

(Signed) Elwood T. Smith M. D.

Sept 3, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1½ ds. In the State 41 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1627 Presbury St

Former or usual residence 1627 Presbury St

19-PLACE OF BURIAL OR REMOVAL, Mt August Cemetery

DATE OF BURIAL, Sept 5, 1916.

20-UNDERTAKER Geo H Hooper

ADDRESS 602 Lite Bros

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B C97951 — 79 — C97951

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 N. Broadway ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah R. Webster

(Residence in Baltimore: No. 626 N. Broadway St.; 77 yrs., 8 mos. 3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December (Month) 30 (Day), 1838 (Year)

7-AGE, 77 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Henry W. Webster

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Harriet Dallam

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Webster

(Address) 626 N. Broadway

15- Filed SEP 5 - 1916, 191... HARRY O. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1913, to September 3 1916, that I saw h[illegible] alive on Sept 2 1916, and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Fractured leg

Cancer (Duration) 3 yrs. 5 mos. — ds.

(Signed) [illegible] M.D.

Sept 4, 1916 (Address) 914 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Friends Cemetery

DATE OF BURIAL, Sept. 5, 1916

20-UNDERTAKER Wm. C. Black

ADDRESS 927 N. Broadway

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

B C97952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C97952

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 886 Calumbia St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Newberry

(Residence in Baltimore: No. 886 Columbia St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 20 (Day), 1841 (Year)

7-AGE, 75 yrs. 4 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Co-Md

PARENTS.

10-NAME OF FATHER, Thomas J Kenny

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co

12-MAIDEN NAME OF MOTHER Emily J Kenny

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet Mann

(Address) 886 Columbia St

15-

Filed SEP 5 - 1916, 191 HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Augt 1916, to Sept 2 1916, that I saw h[illegible] alive on Sept 2 1916, and that death occurred, on the date stated above, at 1 00 P m.

The CAUSE OF DEATH* was as follows:

1. .....
2. Chronic Myocarditis
3. Arteriosclerosis
4. .....

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Sept 5th, 191.6. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Sept 5, 191.6

20-UNDERTAKER William Crok — ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97953 C97953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4 Grant Harper st. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelm Mumps.

(Residence in Baltimore: No. 2532 Fairmount Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Don't know, 0 ..... (Month) ....., 1 ..... (Day) ..... (Year)

7-AGE, About 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Mendare
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Christopher Mumps

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Mumps

(Address) 2532 Fairmount Ave

15- Filed SEP 5 - 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept (Month) ..... 3 (Day) ....., 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2532 Fairmount Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Sept 5, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97954

CERTIFICATE OF DEATH.

28 C97954

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 E Fairmount Ave ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Berlin

(Residence in Baltimore: No. 1735 E Fairmount Ave St.: 24 yrs. 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 14 (Day), 1892 (Year)

7-AGE, 24 yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Samuel Berlin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Hamburger

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1411 E Baltimore St

15-

Filed SEP 5 - 1916 HARRY C. ANDERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14, 1916, to Sept 4, 1916, that I saw her alive on Sept. 4, 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)

..... (Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Isaac M. Marks M. D.

Sept. 4, 1916. (Address) 1807 E Baltimore St,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, 9/5, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

B C97955

CERTIFICATE OF DEATH.

151 C97955

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 E Fairmount Ave ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Berlin

(Residence in Baltimore: No. 1735 E Fairmount Ave St.: 24 yrs. 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug (Month) 14 (Day), 1892 (Year)

7-AGE, 24 yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Tailor .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Samuel Berlin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Hamburger

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1411 E Baltimore St

15-

Filed SEP 5 - 1916 HARRY C. ANDERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14, 1916, to Sept 4, 1916, that I saw him alive on Sept. 4, 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)

..... (Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Isaac M. Marks M. D.

Sept. 4, 1916. (Address) 1807 E Baltimore St,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, 9/5, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B-C97955

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C97955

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 281 S Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Altenburg

(Residence in Baltimore: No. 281 S Robinson St.; 2 yrs. 2 mos. 1 dys.) 1 hour

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): ~~Single~~

6-DATE OF BIRTH: Sept (Month) 4 (Day), 1916 (Year)

7-AGE: ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): 281 S. Robinson St Maryland

PARENTS

10-NAME OF FATHER: Herman Le Roy Altenburg

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Barbara Miller

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman Le R. Altenburg

(Address) 281 S Robinson St

15- Filed SEP 5 - 1916, 19... HARRY J. ANDERSON Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 4th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4, 1916, to, Sept 4 1916, that I saw h... alive on Sept 4th 1916, and that death occurred, on the date stated above, at 10.35 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed), Adam A Sod M. D.

..., 191... [Address] 439 S Ellwood Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cem

DATE OF BURIAL: Sept 5, 1916

20-UNDERTAKER: Lilly and Zeile

ADDRESS: 403 S. Wolfe St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 097956 151 097956

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 281 S Robinson St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME LeRoy Altenburg

(Residence in Baltimore: No. 281 S Robinson St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
male	white	Single

6-DATE OF BIRTH: Sept (Month) 4 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 1 hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): 281 S Robinson St Md

PARENTS

10-NAME OF FATHER: Herman LeRoy Altenburg

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Barbara Miller

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman LeR. Altenburg

(Address) 281 S Robinson St

15- SEP 5 - 1916 (Filed) ..... 191 .....

Burial Permit ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4, 1916, to, Sept 4 1916, that I saw h.m alive on Sept 4 1916, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), Adam Asod M. D.

....., 191..... [Address] 439 S Ellwood Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Sept. 5 191 6
20-UNDERTAKER	ADDRESS
Tilly and Zile	403 N Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH DUPLICATE, THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97957 C97957 103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Bank St.; 2 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Beck

(Residence in Baltimore: No. 1824 Bank St.: 50 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Sept. 4th, 1866 (Month) (Day) (Year)

7-AGE, 73 yrs. 11 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Barber

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Beck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Beck Jr.

(Address) 413 S Wolfe St

15. SEP 5 - 1916 Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 3, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 22 1916, to Sept. 3 1916, that I saw him alive on Sept. 3 1916, and that death occurred, on the date stated above, at 2-50 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-Hepatic-Catarrh, involving the small intestines,

(Duration) yrs. 3 mos. 12 ds.

CONTRIBUTORY (Secondary) /

(Duration) yrs. mos. ds.

(Signed) John H. Kalbfleisch M. D.

Sept 4, 1916 (Address) 1709 Aliceanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Sept 6th, 1916

20-UNDERTAKER Tilly & Zile — ADDRESS 403 S Wolfe

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97958

C97958

104

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1157 Ward ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl M. Taylor

(Residence in Baltimore: No. 1157 Ward. St.; — yrs., 9 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov 16 (Month) (Day), 1915 (Year)

7-AGE, yrs. 9 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Boy
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, William Taylor

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Annie Seaman

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Taylor

(Address) 1157 Ward St

15- Filed SEP 5 - 1916 - 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 20 1916, to Sept. 4, 1916, that I saw her alive on Sept. 4, 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) J. L. Lunsperkin M. D.

Sept. 5, 1916 (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, Sept. 6., 1916.

20-UNDERTAKER John L. Fields — ADDRESS 120 W. Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97959

Spec.—8-24-14—M. & T.—2000 Bks.

B C97959

HEALTH DEPARTMENT—CITY OF BALTIMORE

63+ C97959

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital Mod St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy V. Jones

(Residence in Baltimore: No. 1426 Mosher St St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, (?) April (Month) 28 (Day), 1916 (Year)

7-AGE, ...yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) (?) Baltimore

PARENTS.

10-NAME OF FATHER, ——

11-BIRTHPLACE OF FATHER (State or Country), ——

12-MAIDEN NAME OF MOTHER ——

13-BIRTHPLACE OF MOTHER (State or Country), ——

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed SEP 5 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to September 3 1916, that I saw h er alive on September 3 1916, and that death occurred, on the date stated above, at 9.25 a. m.

The CAUSE OF DEATH* was as follows:

Anterior Poliomyelitis

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Acute Intestinal Intoxication

(Duration) ....yrs. ....mos. 10 ds.

(Signed) Gilbert W Rosenthal M. D.

September 4, 1916. (Address) Children's Hospital Mod

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. 4 mos. ....ds.

Where was disease contracted, if not at place of death? 1426 West Mosher Street

Former or usual residence " " "

19-PLACE OF BURIAL OR REMOVAL,	*DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	SEP 4 1916, 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

Cremated by dept. Surg.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97960

CERTIFICATE OF DEATH.

104 C97960

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1518 Baldwin ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian R. Samsel.

(Residence in Baltimore: No. 1518 Baldwin st St.; ..... yrs., 3 mos. 24 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Infant

6-DATE OF BIRTH, May (Month) 11 (Day), 1916 (Year)

7-AGE, ... yrs. 3 mos. 24 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: Owen J. Samsel

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Cora Miller

13-BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Owen J. Samsel

(Address) 1518 Baldwin st

15-

Filed SEP 5 - 1916

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 25 1916, to Sept 3 1916, that I saw her alive on Sept 3 1916, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Bilateral Otitis

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Mowen M. D.

Sept 5 1916. (Address) 363 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden | DATE OF BURIAL, Sept 6 1916

20-UNDERTAKER, Dunnover & Son | ADDRESS 361 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97961

C97961

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Fairview Ave., ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice R. Cohen,

(Residence in Baltimore: No. 3414 Fairview Ave., St.; Lifetime, yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female,	White,	Married,

6-DATE OF BIRTH, Jany. (Month) 12th. (Day), 1885. (Year)

7-AGE. 31 yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.,

PARENTS.

10-NAME OF FATHER, Jonas Rosenfeld,

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Ida Prager,

13-BIRTHPLACE OF MOTHER (State or Country), Parkesberg, W.Va.,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M.B. Cohen,

(Address) 3414 Fairview Ave.,

15- Filed SEP 5 - 1916 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 4th. (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31 1916, to Sept 3 1916, that I saw h Er alive on Sept 3 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Harry Adler M. D.

Sept 4, 1916. (Address) 1716 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oheb Shalom,	Sept. 6th 1916
20-UNDERTAKER Howard Sondheim	ADDRESS 118 N Howard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B. C97962 104 C97962

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Richardson.

(Residence in Baltimore: No. 16 St. Paul St. St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, July (Month) 3 (Day), 1916 (Year)

7-AGE, ...yrs. 2 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richardson

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Phelps.

(Address) Johns Hopkins Hosp

15-

Filed SEP 5 - 1916 BARRY C. ANDREWS Deputy Registrar Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1916, to Sept 3 1916, that I saw h— alive on Sept 3 1916, and that death occurred, on the date stated above, at 1.50 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Indigestion, acute with Intestinal Intoxication

(Duration) ....yrs. — mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. C. W. Swift M. D.

Sept. 3, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 dy. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 16 St. Paul St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSP. SEP 4 - 1916 Commissioner Health.

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

C97963

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97963

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Quonato

(Residence in Baltimore: No. 1517 Montford St. St.: ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH. July 26, 1916
(Month) (Day) (Year)

7-AGE, 1 mos. 13 ds.
....yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Louis Quonato.

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Concetta Puccia

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps.

(Address) Johns Hopkins Hosp.

15- SEP 5 - 1916 HARRY O. ANDREWS
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 2, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1916, to Sept. 2 1916, that I saw h[illegible] alive on Sept. 2 1916, and that death occurred, on the date stated above, at 8 30 p m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. 3 mos. [illegible] ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) D.C. Wharton Smith 2d M. D.

Sept. 2, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1/ ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1517 Montford Ave.

19-PLACE OF BURIAL OR REMOVAL, — DATE OF BURIAL, ..., 191...

20-UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL SEP 5 1916

Special Permit Clerk Department of Health.

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Henry P. Kattenhorn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97964

CERTIFICATE OF DEATH.

155

C97964

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. John Hopkins Hospital, WARD)

2-FULL NAME Henry P. Kattenhorn

(Residence in Baltimore: No. 608 S. 15th St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 13, 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Plumber
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Fred Kattenhorn

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Christina Starling

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Adelia C. Kattenhorn

(Address) 608 S. 15th St.

15- SEP 5 - 1916 Filed....., 191..... ROBERT R. KRAUTH Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Bullet

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) W. R. Gunby (Coroner.) M. D.

9-4, 1916 (Address) 11 Courtland St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Carmel Cemetery	Sept. 6, 1916
20-UNDERTAKER Jenkler & Jenkler	ADDRESS 1739 E. Eager St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

William A. A. Butt.

HEALTH DEPARTMENT—CITY OF BALTIMORE

William H. H. Butt.

C97965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C97965

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2503 N. Monticello ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Harrison Butt

(Residence in Baltimore: No. 2503 N. Monticello ave. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. (Month) 3 (Day) 1840 (Year)

7-AGE. 75 yrs. 10 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, John Hunt

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah Hunt

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Butt

(Address) 2503 N. Monticello ave

15- SEP 5 - 1916 Filed....., 191.... ROBERT R. KRAUTH Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Brain Disease

Paralysis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hardening of arteries

(Duration) yrs. mos. ds.

(Signed) H. Friedenwald M. D. (Coroner.)

Sept. 5, 1916 (Address) 1 E. Read

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore M. E. Church Cemetery Pikesville Md. Remains to Harpers Ferry

DATE OF BURIAL. Sept. 6 1916

20-UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Edmondson ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97966

CERTIFICATE OF DEATH.

28 C97966

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Distance

(Residence in Baltimore: No. St. Elizabeth's Home St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Feb. 16, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer) ....."....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Cleveland Victor

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Distance

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Distance

(Address) St Elizabeth's Home

15- SEP 5 - 1916 ROBERT R. KRAUT
Filed ..... 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 4, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29 1916, to Sept. 4 1916, that I saw her alive on Sept 4 1916, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis
..... (Chronic)
..... (Duration) ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward T. Smith M. D.

Sept. 4, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 6 ds. In the State 10 yrs. 6 mos. ....ds.

Where was disease contracted, if not at place of death? St. Elizabeth's Home

Former or usual residence St. Elizabeth's Home

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Sept. 5, 1916
20-UNDERTAKER George W. Holland	ADDRESS 512 Robert St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97967 — 15 — C97967

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Eutaw ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earnest Dawkins

(Residence in Baltimore: No. 1319 Eutaw St St.; ...yrs., ...mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word)
Male	Colored	Single

6-DATE OF BIRTH, July 9th (Month) (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
...yrs. 1 mos. 27 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Earnest Dawkins

11-BIRTHPLACE OF FATHER (State or Country), Ncar

12-MAIDEN NAME OF MOTHER Ida Dawkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Dawkins

(Address) 1319 Eutaw St

15 Filed SEP 5 - 1916. ROBERT B. KRAUT... Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 5th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 4th 1916, to ... 191..., that I saw h m alive on Sept 4th 1916, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Malnutrition, one & ½ mos, marasmus at time of death

(Duration) ...yrs. 1 mos. 27 ds.

CONTRIBUTORY (Secondary) Ophthalmia

(Duration) ...yrs. ...mos. ...ds.

(Signed) Silas Baldwin M. D.

Sept. 5, 1916 (Address) 700 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemet	Sept. 7th 1916
20-UNDERTAKER	ADDRESS
J. Henry Smith	706 W. Lanvale St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97968 64 C97968

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Terrence Mc Gee

(Residence in Baltimore: No. Little Sisters of the Poor St.; 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Dont Know ....., 1 .....
(Month) (Day) (Year)

7-AGE, 77 yrs. mos. ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Mc Gee

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Ann Mc Gee

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed SEP 5 - 1916 ROBERT R. KRAUT... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... September 4th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191..., to ..... 191...,
that I saw h... alive on Aug 31 1916,
and that death occurred, on the date stated above, at 5:30 P.m.
The CAUSE OF DEATH* was as follows:

..... Cardiac asthenia .....
..... Senility .....
..... 10 days (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
..... (Duration).....yrs.....mos.....ds.

(Signed) ..... M. D.
Sept 5, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 12 yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Peters Cemetery	Sept 7, 1916.
20-UNDERTAKER	ADDRESS
P. J. M. & J. Flynn	1922 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C97969

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C97969

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 341 S Chester St.; 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T Helen

(Residence in Baltimore: No. 341 S. Chester St.; 63 yrs. 6 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Feb. (Month) 4th (Day) 1853 (Year)

7-AGE: 63 yrs. 6 mos. 30 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE (State or country): Ohio

PARENTS

10-NAME OF FATHER: Jno. P. T Helen

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Anna M. ~~T Helen~~

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Thelen

(Address) 341 S. Chester St

SEP 5 - 1916 Filed ..... 191.

ROBERT R. KRAUT[illegible]

Burial Permit Registered

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. (Month) 3rd (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1916, to, Sept 3rd 1916, that I saw him alive on "2nd 1916, and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion

Indefinite (Duration) — yrs — mos — ds.

Contributory (SECONDARY) Fibroid Phthisis

Indefinite (Duration) — yrs — mos — ds.

(Signed) J. Albert Miller M. D.

9/5/1916 [Address] 2739 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St. Alphonsus — DATE OF BURIAL: Sept 6 1916

20-UNDERTAKER: Lilly & Zeile — ADDRESS: 1033 Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97970

CERTIFICATE OF DEATH.

104 C97970

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 Cambridge ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M Sanders

(Residence in Baltimore: No. 2125 Cambridge St.; life yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... July (Month) 9 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. 27 28 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wallace Woodard

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Essie Sanders

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Essie Sanders

(Address) 2125 Cambridge St

15-

FILED SEP 5 - 1916 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 5 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 31 1916, to Sept 5 1916, that I saw her alive on Sept 3 1916, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas Meer M. D.

9/3/16 191... (Address) 408 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Sept 6, 1916

20-UNDERTAKER H. Sander D Sons

ADDRESS 710 E Lexington St

C97971

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

63+

C97971

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Childrens Hospital School 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Marshall Gambrill Covell

(Residence in Baltimore: No. 1304 Harlem ave St.: 1 yrs. 3 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH: May - 25 - 1909 (Month) (Day) (Year)

7 AGE: 7 yrs. 3 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Anne Arundel Co. Md.

PARENTS

10 NAME OF FATHER: Harry C. Covell

11 BIRTHPLACE OF FATHER (State or country): Balto. - Md.

12 MAIDEN NAME OF MOTHER: Helen Paulnie Bowling

13 BIRTHPLACE OF MOTHER (State or country): Balto. - Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry C Covell

(Address) 1304 Harlem Ave

Sep 5 - 1916

Filed 191

ROBERT R. KRAUT

Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September - 4, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sep. - 3 - 1916, to Sep - 4 - 1916, that I saw h im alive on Sep - 4 - 1916 and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis
(Bulbar Spinal type)

(Duration) yrs. mos. V ds

Contributory (SECONDARY) Asphyxiation (intercostals involved)

(Duration) yrs. mos. ds.

(Signed) Wilbur P Stubbs M. D.

Sep 5, 1916 (Address) 6474 Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 6, 1916

20 UNDERTAKER	ADDRESS
Wm J Ticknor & Son	North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C97972

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97972

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97972

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rudolph Schremm

(Residence in Baltimore: No. 607 N. Glover St.; 18 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, July (Month) 25 (Day), 1897 (Year)

7-AGE, 19 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer)..... Buck yard

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Wenceslaus Schremm

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Teresa Ehl

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wenceslaus Schremm

(Address) 607 N. Glover

15-Filed SEP 5- 1916, 191.... ROBERT R. KRAUT Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 5 th (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1916, to Sept 5 1916, that I saw him alive on Sept 5 th 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (Duration).....yrs.....mos. 1 7 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs. 1 mos.....ds.

(Signed) William F. Ouellette M. D.

Sept 5, 1916. (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 9 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 607 N. Glover St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Sept 7, 1916

20-UNDERTAKER Frank Enoch & Son

ADDRESS 906 E. Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97973

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

89

REGISTERED No. C 97973

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 320 E. Biddle St. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Steil

(Residence in Baltimore: No. 320 E. Biddle St St.: 7 yrs. — mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~ WIDOWED OR ~~DIVORCED~~ (Write the word)
Female	White	Single

6-DATE OF BIRTH August 28, 1915
(Month) (Day) (Year)

7-AGE 1 yrs. — mos. 7 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Nothing
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto City

PARENTS

10-NAME OF FATHER Anton Steil

11-BIRTHPLACE OF FATHER (State or country) Bohemia

12-MAIDEN NAME OF MOTHER Evelyn Brosseau

13-BIRTHPLACE OF MOTHER (State or country) Canada

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Evelyn Steil

(Address) 320 E. Biddle

SEP 5 - 1916 Filed ... 191

ROBERT B. KRAUT[illegible] Registrar

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept 4th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1916, to, Sept 4 1916,
that I saw h[illegible] alive on Sept 4th, 1916,
and that death occurred on the date stated above, at 4 1/2 m.
The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) 1 yrs. mos. 5 ds

Contributory (SECONDARY) Dentition

(Duration) yrs. 3 mos. ds.

(Signed) Joseph B. Saunders M. D.

Sept 7, 1916 (Address) 719 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Sept 6 1916
20-UNDERTAKER	ADDRESS
Wm Cook	602 E North Ave

C97974

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97974

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3319 Barkley ST.: 17 WARD)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harris Hades

(Residence in Baltimore: No. 3319 Barkley st St.: yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Sept. 4th, 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. 6 hours ds.

If LESS than 1 day, 6 hrs. or ..... m'n's.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): 3319 Barkley st

PARENTS.

10-NAME OF FATHER: Walter Hades

11-BIRTHPLACE OF FATHER (State or Country): Balto Co Md

12-MAIDEN NAME OF MOTHER: Eliza Hades

13-BIRTHPLACE OF MOTHER (State or Country): Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Eliza Hades

(Address) 3319 Barkley st

15- Filed SEP 5 - 1916 191 ROBERT B. KRAUT Registrar. BURIAL PERMIT ISSUED

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ITS death on the day stated above.

The CAUSE OF DEATH* was as follows:

Inanition

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John F. Mosser M. D.

Sept 5th 1916 (Address) 532 Roland ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Sept 6 1916

20-UNDERTAKER: M. R. a Ellocks

ADDRESS: 506 Rogers

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C97975 x 43 C97975

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie O'Neal

(Residence in Baltimore: No. Mercy Hosp. St.; ..yrs..mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown, 1868 (Month) (Day) (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Del

PARENTS.

10-NAME OF FATHER, John Taylor

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Emma Haldeu

13-BIRTHPLACE OF MOTHER (State or Country), Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp. Record

(Address) Baltimore Md

15 SEP 6 - 1916 Filed ....., 191.. HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 5, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29 1916, to Sept 9 1916, that I saw her alive on Sept 5 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Septicaemia Staphylococcus

(Duration) ..yrs. ..mos. 9 ds.

CONTRIBUTORY (Secondary) Alleated serum Concussion

R Breast (Duration) ..yrs. unknown mos. ..ds.

(Signed) W. Houston Taylor M. D.

9/5, 191.6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..yrs. ..mos. 8 ds. In the State Unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Felton Del

19-PLACE OF BURIAL OR REMOVAL, Felton Delaware

DATE OF BURIAL, 9/9/, 191.6

20-UNDERTAKER Harry W. Measton

ADDRESS 1025 N. Eutaw St.

Via Penna R.R. — Frank O'Neal - Escort

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97976 C97976

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 436 W. Hamburg ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Ernest Dyson

(Residence in Baltimore: No. 436 W. Hamburg St. St.; yrs., 1 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 5 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Earnest Dyson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Neoma Chase

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Neoma Dyson

(Address) 436 W. Hamburg St.

15- SEP 6 - 1916 HARRY O. ANDREWS

Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 5 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1916, to Sept 5 1916, that I saw him alive on Sept 5 1916, and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

I. Diarrhoea

(Duration) ..... yrs. ..... mos. 26 ds.

CONTRIBUTORY (Secondary) H. Hamburg

(Duration) ..... yrs. ..... mos. 26 ds.

(Signed) C. W. Hamburg M. D.

Sept 5, 1916 (Address) Sept 5

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Sept 6, 1916

20-UNDERTAKER Chas Brown & Son

ADDRESS 1687 Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 097977 64 097977

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 E. Church St. St.; 22 Ward) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia A. Curtis

(Residence in Baltimore: No. 24 E. Church St. St.; —yrs. —mos. —ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 7, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benson Piney

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Francis Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Curtis

(Address) 22 E. Church St.

15- Filed SEP 6 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 5, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1916, to Sept 5 1916, that I saw her alive on Sept 4 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ...yrs...mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos. 1 ds.

(Signed) H. G. Smith M. D.

Sept 5, 191... (Address) 725 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn ct | DATE OF BURIAL, Sept 7, 191...

20-UNDERTAKER L. L. Brown & Son | ADDRESS 108 N. Monto St

Spec.—8-24-14—M. & T.—2000 Bks.

C97978

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97978

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Brown.

(Residence in Baltimore: No. 906½ Pierce St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 8, 1890
(Month) (Day) (Year)

7-AGE, 26 yrs. 2 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Levy Brown,

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Sindy Hendricks

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Rueff.

(Address) Johns Hopkins Hosp.

15 SEP 6 - 1916 HENRY T. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 191 6, to Sept. 3 191 6, that I saw him alive on Sept. 3 191 6, and that death occurred, on the date stated above, at 5.55 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever.

..... 4 weeks.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Intestinal Perforation (Operation for)
(Duration) ....yrs. ....mos. 4 ds.

(Signed) Mary R. Rush M. D.

Sept 3, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1½ ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 906½ Pierce St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Sept 6, 1916.

20-UNDERTAKER, Joseph A. Farrell

ADDRESS 2318 Division

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97979

HEALTH DEPARTMENT—CITY OF BALTIMORE

172

C97979

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 McCulloh ST.; 14 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hyman Feldman

(Residence in Baltimore: No. 2101 McCulloh St.; 22 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Unknown ....., 1826
(Month) (Day) (Year)

7-AGE 90 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dresser .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Balto St

15- SEP 6 - 1916 HARRY U. ANDREWS
Filed ..... —191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... September 5 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3 1916, to Sept 5 1916, that I saw h.. alive on Sept 5 1916, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

..... Fractured Ribs .....
..... Pneumonia .....
Accidental fall down stairway .....
..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) ..... 4 Oneg ..... M. D.

Sept 5, 1916 (Address) 1701 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bals Hebrew Cem — DATE OF BURIAL, 9/6, 1916

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto

HEALTH DEPARTMENT--CITY OF BALTIMORE

173

C97980

C97980

HEALTH DEPARTMENT--CITY OF BALTIMORE

103

C97980

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1500 E Fairmont av ST.: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah Scarrborough

(Residence in Baltimore: No. 1500 E Fairmont av ST.: 50 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Unknown / Unknown / 1838 (Month) (Day) (Year)

7 AGE: 78 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sadie Scales

(Address) 1500 E Fairmont av

SEP 6 - 1916 Filed ....., 191.... HARRY O. ANDER... Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept √, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1916, to Sept √ 1916 that I saw h alive on Sept 4, 1916 and that death occurred, on the date stated above, at 12 (6 am) m.

The CAUSE OF DEATH* was as follows:

Septicemia Gastro Intestinal
Intestinal derangement
6 weeks (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) old age

(Duration) 10 √ mos. √ ds.

(Signed) J. Edward Fisher M. D.

Sept 5, 1916 (Address) 1612 E monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt Green

DATE OF BURIAL: Sept 6, 1916

20 UNDERTAKER: John W Henderson

ADDRESS: 319 N Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C97981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C97981

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2535 McHenry ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Owen Anthony McSweeney

(Residence in Baltimore: No. 2535 McHenry St.; Life yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 19 (Day), 1915 (Year)

7-AGE, 1 yrs. 5 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Owen McSweeney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ruby McGill

13-BIRTHPLACE OF MOTHER (State or Country), Phila Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Owen McSweeney

(Address) 2535 McHenry St.

15-SEP 6 - 1916 MARY O. ANDERSON
Filed ..... 191 ..... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 16 1916, to Sept 5 1916, that I saw him alive on Sept 5 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) McDonnell Bros

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. A. McDonnell M. D.

Sept 5, 1916 (Address) 108 N. Bulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Sept 7, 1916

20-UNDERTAKER F. B. Nippert — ADDRESS 2238 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97982 C97982

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospt St.; 5 WARD)

REGISTERED NO. C 39

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Grant

(Residence in Baltimore: No. 115 Colvin St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Blk.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1863
(Month) (Day) (Year)

7-AGE, 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), S. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora King

(Address) 115 Colvin St

15- Filed SEP 6 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1916, to Sept. 5, 1916, that I saw him alive on Sept 5 1916, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue, Gland and Carcinomatosis

(Duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Hewerson M. D.

9-6, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 27 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 115 Colvin St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem — DATE OF BURIAL, Sept 7, 1916

20-UNDERTAKER John W Henderson — ADDRESS 317 Cardine St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97983 C97983

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Rochambeau Chas. V Franklin St; REGISTERED No. C.....

2-FULL NAME Arthur J. Pritchard Rear Admiral U. S. N. Retired

(Residence in Baltimore: No. Rochambeau St.; ...yrs., ...mos. ...ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 12, 1836 (Month) (Day) (Year)

7-AGE, 80 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Reard Admiral
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. N. Retired

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Nicholas Pritchard

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliza. Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah E. Pritchard

(Address) Rochambeau

15- Filed SEP 6 - 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 23 1916, to Sept 5 1916, that I saw h.. alive on Sept 5 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma Prostate Glands

(Duration) 1 yrs. 6 mos. ...ds.

(Signed) Wm. K. Swaim M. D.

Sept. 6, 191... (Address) 1237 N. Carolina

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Madison Dorchester Co. DATE OF BURIAL, Sept. 7, 1916

20-UNDERTAKER E. W. Mitchell & Co ADDRESS 120 W. Fayette

HARRY C. ANDREW
Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C97984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97984

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1711 St. Lor. Laemmle & Glenn St. (WARD) H

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Gordon

(Residence in Baltimore: No. 140 N. Preston St. 1 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Month & day unknown, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Smith

(Address) 1402 Druid Ave

15- FILED SEP 6 1916, 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart failure
Pneumonia, Duration, 1 week
Contributory (Secondary) Old age, Duration, 70 years

(Signed) J. Wells Hall, M. D. (Coroner.)

Sept. 6, 1916. (Address) 519 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence 140 N. Preston

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Sept. 6, 1916

20-UNDERTAKER Samuel J. Handley — ADDRESS 378 W. Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97985 120 C97985

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 765 Pierce ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Colemann

(Residence in Baltimore: No. 765 Pierce St.; 30 yrs., mos. ds.)

B

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1863 (Year)

7-AGE, 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Ditto

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Patrick Colemann

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hugh Colemann

(Address) 865 Pierce St.

15- SEP 6 - 1916 Filed ..., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 29 1916, to Sept 5 1916, that I saw h-m alive on Sept 3 1916, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Pernicious Chronic Ulcus Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. mos. ds.

(Signed) Jno H Magruder M. D.

Sept. 5, 1916 (Address) 1209 Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, Sept 8, 1916

20-UNDERTAKER Sam'l Ogle Sons ADDRESS 1400 Hoshen St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97986 C97986

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 Fairview St. ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J. Shaw

(Residence in Baltimore: No. 425 Fairview St. St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 15, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Alex. Shaw

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Margt. O'Neil

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Shaw

(Address) 425 S Fairview St

15-

Filed SEP 6 - 1916, 191.... HARRY D. ANDERSON Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29 1916, to Sept 4 1916, that I saw h— alive on Sept 4 1916, and that death occurred, on the date stated above, at 12 Midnight

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Norbert E. Mitchell M. D.

Sept 5, 1916. (Address) 25 E. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Sept 5, 1916
20-UNDERTAKER N. S. Finch	ADDRESS 1921 N. Gilmor St

C97987

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C97987

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 211 Greenmount Ave St. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary M. O'Brien

(Residence in Baltimore: No. 211 Greenmount Ave St.; 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Sept (Month) 23 (Day), 1847 (Year)

7 AGE: 68 yrs. 11 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: John Burns

11 BIRTHPLACE OF FATHER (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Susan Kane

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Catherine O'Brien
(Address) 211 Greenmount Ave

15 SEP 6 - 1916 19.. HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: ~~Sept~~ Sept 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1916, to Sept 4 1916, that I saw h.. alive on Sept 4, 1916, and that death occurred, on the date stated above, at 4:0P m.
The CAUSE OF DEATH* was as follows:

E Hanlon

..... (Duration) ..... yrs. ..... mos. ..... ds. Few hours

Contributory (SECONDARY) Cerebral Haemorrhage

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed), La Richardson M. D.

Sept, 1916. (Address) 1120 E. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Sept 7, 1916

20 UNDERTAKER: C. A. Weinfeld — ADDRESS: Green St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH ONE BLACK SIDE, MUST BE USED IN PRINTING THIS. THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97988

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Woodyear ST.; 16 WARD)

REGISTERED No. C 130

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Johnson

(Residence in Baltimore: No. 709 Woodyear Ave. St.; whole life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	married

6-DATE OF BIRTH, Not known (Month) (Day) 1884 (Year)

7-AGE,	If LESS than 1 day,
32 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Oscar Harris

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Martha Harris

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Harris

(Address) 709 Woodyear Ave.

15- [illegible] C. ANDERSON

Filed SEP 6 - 1916 191... [illegible] Board of Health

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25- 1916, to Sept. 4 1916, that I saw h[illegible] alive on Sept. 5- 1916, and that death occurred, on the date stated above, at 4-30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) about 9 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. McCarthy M. D.

Sept. 6, 1916. (Address) 906 N. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Sept 6 1916.

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Presstman St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(97989)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1643 Orleans ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Washington

(Residence in Baltimore: No. 1643 Orleans st, St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fml

4-COLOR OR RACE: Blk

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Sgl,

6-DATE OF BIRTH, May (Month) Seven (Day), 1882 (Year)

7-AGE, 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N C,

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-SEP 6 - 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary).....

(Duration)..... yrs..... mos..... ds.

(Signed) H Insley (Coroner.) M. D.

Aug 29 1916. (Address) 19 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 19...

20-UNDERTAKER ADDRESS

Commissioner Health.

morgue

FOR ANATOMICAL PURPOSES.

UNIVERSITY OF MARYLAND

(97989)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX:

4-COLOR OR RACE:

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.):

6-DATE OF BIRTH, (Month) (Day), (Year)

7-AGE, yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) (Day), (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary).....

(Duration)..... yrs..... mos..... ds.

(Signed) (Coroner.) M. D.

(Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 19...

20-UNDERTAKER ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 4 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Fond Pier 5 Pratt St ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dock Lee? (unknown)

(Residence in Baltimore: No. unknown St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	unknown

6-DATE OF BIRTH, unknown (Month) , 1 (Day) (Year)

7-AGE, about 40 yrs. yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) X

(Address)

15- Filed SEP 6 - 1916, 191 HARRY C. [illegible] Clerk Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Collapse

unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. F. Kelly M. D. (Coroner.)

Sept 5, 1916 (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER City Burial Corp.	ADDRESS

Morgue

UNIVERSITY OF MARYLAND. SEP 8 1916 FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97991 C97991

B 63

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Childs Hospital Ward ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest. Longley

(Residence in Baltimore: No. 429 N. 24 St St.; ....yrs. ....mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 13 (Day), 1915 (Year)

7-AGE, 1 yrs. 5 mos. ds. 7-23

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ernest F. Longley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ellen F. Longley

13-BIRTHPLACE OF MOTHER (State or Country), P. a

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest F. Longley

(Address) 429 N. 24 St

15- Filed SEP 6 - 1916, 191.... HARRY O. ANDERSON Clerk Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH September (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Septemb 2 1916, to Septemb 6 1916, that I saw h[illegible] alive on Sept 6 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Atony Pulmonalis

.....

.....

..... (Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) ....yrs. ....mos. 5 ds.

(Signed) Gilbert W Rountree M. D.

Sept. 6, 1916. (Address) Childs Hospital Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 429 N 24 St

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Western Cem

DATE OF BURIAL. Sept. 6, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave

Gilbert Rountree

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97992 C97992

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 518 E Helwood Lane St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Boby Magluth

(Residence in Baltimore: No. 518 E Helwood Lane St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Sept 5 1916
(Month) (Day) (Year)

7-AGE, — yrs. — mos. — ds.

If LESS than 1 day, 3 hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm C. Magluth

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Nelson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm C Wilson

(Address) 518 E Helwood Lane Md

15- Filed SEP 6 - 1916, 191.... ROBERT R. KRAUTH Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 5th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 5th 1916, to Sept 5th 1916, that I saw h— alive on Sept 5th 1916, and that death occurred, on the date stated above, at 10.50 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Due to Nephritis

(Duration) yrs. 6 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. A. Jungerich M.D.

Sept 6th 1916 (Address) 2537 Frankford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westminster Burying Ground — DATE OF BURIAL, Sept 6th, 1916

20-UNDERTAKER Frank Lassahn & Sons — ADDRESS Gallatin Md

N.B.—Every item of information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97993

CERTIFICATE OF DEATH.

79

C97993

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Argyle Ave. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Johnson

(Residence in Baltimore: No. 1327 Argyle Ave St.: ....yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Colored	Married

6-DATE OF BIRTH, ... (Month) ....., (Day) 188.7 (Year)

7-AGE,	If LESS than 1 day,
29 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Perry

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Susan White

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Susan Perry

(Address) 922 Pierce St.

15- SEP 6 - 1916 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 4th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 3rd 1916, to Sept. 4 1916, that I saw h[illegible] alive on Sept. 4 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart. Don't know what - kind definitely about 2 y

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

with [illegible] (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Jas. A. Baldwin M. D.

Sept. 5, 1916 (Address) 709 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Sept. 7, 1916
20-UNDERTAKER	ADDRESS
Charles B. Jones	235 N Pine St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C97994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C97994

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Durham ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Bias

(Residence in Baltimore: No. 410 N. Durham St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	colored	single

6-DATE OF BIRTH, 8 (Month) 5 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, William Bias

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Emma Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Dorsey

(Address) 410 N. Durham St.

15- SEP 6 - 1916 Filed....., 191.... ROBERT R. KRAFT Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) 5 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to Sept 5 1916, that I saw h[illegible] alive on Sept 2nd 1916, and that death occurred, on the date stated above, at 5.40 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 6 ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) John Boyd M. D.

Sept 9, 1916 (Address) 1233 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Sept. 7, 1916
20-UNDERTAKER	ADDRESS
Charles B. Jones	935 N. Pine St

K.D.—Lack of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97995 — C97995

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH 1513 Rutland ave

CITY OF BALTIMORE: (No. 1513 Rutland ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Emma Moseley

(Residence in Baltimore: No. 1513 Rutland ave St.; 50 yrs., 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH. June (Month) 8 (Day) 1866 (Year)

7-AGE. 50 yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Robert V McCurdy

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene L. Moseley

(Address) 1513 Rutland ave

15- SEP 6 - 1916 Filed ....., 191.... ROBERT R. KRAUT Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September (Month) 4 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1916, to Sept 4 1916, that I saw her alive on Sept 4 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Epithelioma Mouth Mitral Insufficiency

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Macdonald M. D.

Sept. 5, 1916 (Address) 1544 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Carmel Cem't — DATE OF BURIAL. Sept 7, 1916.

20-UNDERTAKER Ruff & Turner — ADDRESS 1442 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C97996

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C97996

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 S. Bradford St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genoveja Kurpieska

(Residence in Baltimore: No. 623 S. Bradford St.; ....yrs., 11 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Sing'l

6-DATE OF BIRTH, Sept. 15, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Infant

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, Thomas Kurpieska

11-BIRTHPLACE OF FATHER (State or Country) Russian Poland

12-MAIDEN NAME OF MOTHER Michalina Gumkoska

13-BIRTHPLACE OF MOTHER (State or Country), Russian Pola

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michalina Kurpieska

(Address) 623 S. Bradford

15- SEP 6 - 1916 Filed....., 191.. [illegible] R. KRAUT[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 30 1916, to Sept 6 1916, that I saw her alive on Sept 6 1916, and that death occurred, on the date stated above, at 6.15 a. m.

The CAUSE OF DEATH* was as follows:

Cedema Collapse

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) D. Kopanski M. D.

Sept 6 1916 (Address) 622 Aisquith

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Sept 6, 1916

20-UNDERTAKER William Fiaelkowski ADDRESS 761 Aisquith

N. B. Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C15. d 1/24 Aug
Coroner Carlson, Dentist

HEALTH DEPARTMENT—CITY OF BALTIMORE

C97997

CERTIFICATE OF DEATH.

167

C97997

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Lancaster ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Szymanski

(Residence in Baltimore: No. 1520 Lancaster St.; 4 yrs., 28 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 8 (Day), 1913 (Year)

7-AGE, 3 yrs. 28 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Child

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Peter Szymanski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Tofia Zacharska

13-BIRTHPLACE OF MOTHER (State or Country), Russian Pola

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Zacharska

(Address) 1526 Lancaster St

15- SEP 6 - 1916 Filed, 191... ROBERT R. KRAUT Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 5 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1916, to Sept 5 1916, that I saw him alive on Sept 5 1916, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Scald (Accidental)

Fell in tub of Boiling Water

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Geo. C. Bladel M. D.

9/6/16, 191... (Address) 143 N. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus

DATE OF BURIAL, Sept. 7, 1916

20-UNDERTAKER William Fiaszowski

ADDRESS 1618 Eastern

A.B. Entire information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C97998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C97998

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Howard R. Kelly Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy A. Chalfant

(Residence in Baltimore: No. 1418 Eutaw Place St.; — yrs. — mos. 10 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): married

6-DATE OF BIRTH: June (Month) 9 (Day), 1870 (Year)

7-AGE: 46 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): West Va

PARENTS.

10-NAME OF FATHER: James K. Mapson

11-BIRTHPLACE OF FATHER (State or Country): West Va

12-MAIDEN NAME OF MOTHER: Sarah V. Nair

13-BIRTHPLACE OF MOTHER (State or Country): West Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. M. Chalfant

(Address) Fairview W. Va.

15- Filed SEP 6 - 1916, 191... ROBERT R. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1916, to Sept 6 1916, that I saw h er alive on Sept 6 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Bilateral carcinoma breast

(Pathological Diagnosis) ..... (Duration) Several years

CONTRIBUTORY (Secondary) Abdominal metastasis (Duration) Several years

(Signed) William T. Hall Jr. M. D.

Sept 6., 1916 (Address) 1418 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death Baltimore. yrs. mos. 10 ds. In the State Maryland yrs. mos. 10 ds.

Where was disease contracted, if not at place of death? Fairview W. Va

Former or usual residence usual residence

19-PLACE OF BURIAL OR REMOVAL: Fairview W. Va

DATE OF BURIAL: Sept. 6., 1916

20-UNDERTAKER: Chas. S. Black & Co

ADDRESS: W Mulberry

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

B C97999 — 104 — C97999

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2553 Francis St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Marlington Price

(Residence in Baltimore: No. 2553 Francis St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Wht

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov. (Month) 28th (Day), 1915 (Year)

7-AGE: yrs. 9 mos 14 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Jno. Hugh Price

11-BIRTHPLACE OF FATHER (State or country): Kent Co. Md.

12-MAIDEN NAME OF MOTHER: May Roebuck

13-BIRTHPLACE OF MOTHER (State or country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno Hugh Price

(Address) 2553 Francis St

15- Filed SEP 6 - 1916 1916 — ROBERT R. KRAUTH — Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 6th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1916, to, Sept 6, 1916, that I saw him alive on Sept 5th 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Choleraic Infantum
(Teething & Intestinal Trouble)

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY): Brain Complication

(Duration) yrs. mos. One ds.

(Signed) E. E. Brack M. D.

Sept 6th 1916 [Address] 1605 N North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Sept 7 1916

20-UNDERTAKER: Jos Joerdons. Son — ADDRESS: 217 S. Broa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B C98600 — 168 — 7493 — C98600

1 PLACE OF DEATH

N. B.—Every item of information should state ... N is very

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 168

REGISTERED No. C ....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hosp. ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Madeline E Cairns.

(Residence in Baltimore: No. 3106 Winfield Av. If not in Baltimore give Street and Number.) (If non-resident, write "Non-Resident.")

(If under 1 year, yrs., 5 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 5 (Day), 1909 (Year).

7-AGE, 7 yrs. 4 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Louisiana.

PARENTS.

10-NAME OF FATHER, James Cairns

11-BIRTHPLACE OF FATHER (State or Country) Scotland

12-MAIDEN NAME OF MOTHER Ethel Bagley

13-BIRTHPLACE OF MOTHER (State or Country) Alsace Lorraine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Cairns

(Address) 3106 Winfield Ave

15-Filed SEP 6 - 1916, 191.... ROBERT B. ....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ether Anaesthesia while operating for removal of tonsils

(Duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .... yrs. .... mos. .... ds.

(Signed) J. C. Smith M. D.

Sept 5, 1916 (Coroner) (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 3106 Winfield Ave

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemet. DATE OF BURIAL, Sept 7 1916

20-UNDERTAKER George J Smith ADDRESS 910 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C58001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C58001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Jasper ST.; 17 WARD) REGISTERED NO. C 24

2-FULL NAME Ann Elizabeth (Annie Stewart)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 607 Jasper St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widowed

6-DATE OF BIRTH, Unknown (Month), (Day), 1849 (Year)

7-AGE: 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Kent Co Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Simpson

(Address) 607 Jasper St

15- Filed SEP 7 - 1916, 191.. HARRY C. ANDREWS Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to Sept 6 1916, that I saw her alive on Sept 5 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Disease Valvular

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. 4 mos. ds.

(Signed) C. N. Flower M. D.

Sept 7, 191.6 (Address) 712 S. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Sept 7, 191.6

20-UNDERTAKER Edw. A. Fawsley

ADDRESS 578 N. Bond

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C58002

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C-8002 HEALTH DEPARTMENT—CITY OF BALTIMORE 32 C-8002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 Archard ST.; 17 WARD) REGISTERED No. C

2-FULL NAME Maria Louisa Smith (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 560 Archard St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH. ..Unknown.., (Month) (Day) 1851 (Year)

7-AGE. 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Housework (b) General nature of industry, business, or establishment in which employed (or employer). at Home

9-BIRTHPLACE. (State or Country). Hampden Md

PARENTS.

10-NAME OF FATHER. Thomas H. Taylor

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mary E Brown

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bessie Thomas

(Address) 1131 Argyle Ave

15- SEP 7 - 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Sept 5 1916, that I saw h[er] alive on Sept 3d 1916, and that death occurred, on the date stated above, at 10:05 a.m.

The CAUSE OF DEATH* was as follows:

Broas Abscess

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Phaeryngitis

(Duration) yrs. 1 mos. ds.

(Signed) Dr. Duncan Hughes M. D.

Sept 6 191.. (Address) 1132 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Int Mt Auburn Cem | DATE OF BURIAL. Sept 8, 191..

20-UNDERTAKER Emanuel Hemsley | ADDRESS 5720 Belle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

Drug store conducted by Anthony (Dr. Hess)

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C58003

1 PLACE OF DEATH

C58003

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1607 Lancaster St.: 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevieve Rostek

(Residence in Baltimore: No. 1607 Lancaster St.; yrs. 11 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): "Single"

6-DATE OF BIRTH: October 1st, 1915 (Month) (Day) (Year)

7-AGE: yrs. 11 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: -
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Stanislaw Rostek

11-BIRTHPLACE OF FATHER (State or country): Poland

12-MAIDEN NAME OF MOTHER: Apolonj Tammuty

13-BIRTHPLACE OF MOTHER (State or country): Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) St. Rostek
(Address) 1607 Lancaster

15. Filed SEP 7 - 1916, 191- HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 6th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 6th, 1916, to Sept 6th 1916, that I saw h[er] alive on Sept 6th, 1916, and that death occurred, on the date stated above, at 7 A. m.
The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

19hrs!
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Splenic Tumor. Secondary (toxic) degeneration of liver & kidneys. Bronchi-pneumonia

(Duration) ..... yrs. ..... mos. — ds.

(Signed) Michael A. Abrams M. D.
Sept. 6th, 1916 (Address) 1634 E. Balto. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary | DATE OF BURIAL: Sept 7, 1916

20-UNDERTAKER: Wm Fialkowski | ADDRESS: 161 E Eden

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98001 C98001 ×169

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Port Covington Elevator St.: 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johann A. Borrebach

(Residence in Baltimore: No. 25 Beukelsdyk Port Covington St.: ~~yrs.~~ ~~mos.~~ 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH: June 23 (Month) (Day), 1890 (Year)

7-AGE: 26 yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Trimmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Rotterdam Holland

PARENTS.

10-NAME OF FATHER: Don't know

11-BIRTHPLACE OF FATHER (State or Country): Don't know

12-MAIDEN NAME OF MOTHER: Don't know

13-BIRTHPLACE OF MOTHER (State or Country): Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Carl Bernd Meyer
Address: 25 Beukelsdyke Port Covington

15- SEP 7 - 1916 191.... Burial Permit..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: September (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

Sept 7, 191 6 (Address) 1617 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence: Rotterdam Holland

19-PLACE OF BURIAL, OR REMOVAL: Mary Lead DATE OF BURIAL, Sept 7, 1916

20-UNDERTAKER: Ralph Tamm ADDRESS 1442 N Broadway

C98005 C98005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH Found floating at Elevator C. Locust Point ST.: 24 WARD) REGISTERED No. C.....

CITY OF BALTIMORE (No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Unknown.

(Residence in Baltimore: No. Unknown. St.: Unknown.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White.	Unknown.

6-DATE OF BIRTH, Unknown., 1..... (Month) (Day) (Year)

7-AGE, about 35 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Otto M. Reinhardt.....

(Address) Coroner.....

15- SEP 7 - 1916

Filed....., 191.....

Burial Permit.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found floating Sept. 3. 1916., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
Drowning.
probably Accidental.
.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
..... (Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M.D. M. D.
(Coroner.)

Sept. 7..., 1916. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Swartz Cemetery

DATE OF BURIAL, Sept. 7, 1916

20-UNDERTAKER Wm. H. Black

ADDRESS Ellicott City

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98006 C98006

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Thames ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pioter Witkowski

(Residence in Baltimore: No. 1524 Thames St.; —yrs., 8 mos. 6 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. 1, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Witkowski

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Pauline Pzytcinik

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Witkowski

(Address) 1527 Thames St.

15- Filed SEP 7 - 1916, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 6 1916, to Sept. 6 1916, that I saw him alive on Sept. 6 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Reiberger M. D.

Sept. 7, 1916. (Address) 1709 Aliceanna St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary.

DATE OF BURIAL, Sept. 8, 1916.

20-UNDERTAKER William Fiedkowski

ADDRESS 1618 Eastern Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98007 C98007

CERTIFICATE OF DEATH.

1

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Appleton ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Nydia Finch

(Residence in Baltimore: No. 905 Appleton St.; 19 yrs. 5 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Mar (Month) 23 (Day), 1897 (Year)?

7-AGE,	If LESS than 1 day,
19 yrs. 5 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Typist
(b) General nature of industry, business, or establishment in which employed (or employer): Real Estate Ofc

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, George W. Finch

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anna Achelpohl

13-BIRTHPLACE OF MOTHER (State or Country), St Charles Mo.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Finch

(Address) 905 Appleton St

15- Filed SEP 7 1916 191.... [illegible] Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29 1916, to Sept 6 1916, that I saw h[illegible] alive on Sept 6 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

[illegible]

Typhoid Fever

[illegible]

(Duration) [illegible] yrs. [illegible] mos. 21 ds.

CONTRIBUTORY (Secondary) [illegible]

[illegible] (Duration) [illegible] yrs. [illegible] mos. 2 ds.

(Signed) J. Thomas Tilson M. D.

Sept 6, 1916 (Address) 11 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Sept 8, 1916

20-UNDERTAKER Wm Cook

ADDRESS 501 E Nood ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98008 C98008

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 S. Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Jennings

(Residence in Baltimore: No. 1804 S. Charles St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know (Month) (Day) (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Fleming

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Hogan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Jennings

(Address) 1804 S. Charles St.

15-

Filed SEP 7 - 1916 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 6, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1916, to Sept 6 1916, that I saw her alive on Sept 6/16 1916, and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(Duration) yrs. 1 mos. ds.

(Signed) J. T. Bonnell M. D.

Sept 7 191.. (Address) 1076 West

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Sept 8, 191.6

20-UNDERTAKER, P. J. McDonnell Flynn — ADDRESS 1452 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98009 C98009

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 118 Bunkhead st. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert B. Callender.

(Residence in Baltimore: No. 118 Bunkhead st. St.; 34 yrs., 5 mos. 19 ds)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 17, 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steelworker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Henry Callender

11-BIRTHPLACE OF FATHER (State or Country), Cambridge Md.

12-MAIDEN NAME OF MOTHER Mary S. Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Carroll co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Katherine Callender

(Address) 118 Bunkhead st.

15- SEP 7 - 1916

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to Sept 6 1916, that I saw him alive on Sept 6 1916, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Wm. H. Hayden M. D.

Sept 6, 1916 (Address) 1428 Light st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	Sept 8, 1916
20-UNDERTAKER	ADDRESS
J. Fen McCarthy	39 E. Fay.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98010

CERTIFICATE OF DEATH.

1.38 C98010

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 S. Ellwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Lee Brown

(Residence in Baltimore: No. 40 S. Ellwood Ave St.; 27 yrs., 11 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	M

6-DATE OF BIRTH, September 15, 1888
(Month) (Day) (Year)

7-AGE, 27 yrs. 11 mos. 21 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, J. R. Lobefield

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Esther Ellen

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas P. Brown

(Address) 40 S. Ellwood Ave

15- SEP 7 - 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3 1916, to Sept 5 1916, that I saw her alive on 11 11 1916, and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Acute Bronchitis Resulting
Exhaustion

(Duration).....yrs. 1 mos.....ds.

CONTRIBUTORY (Secondary) Pulmonary

(Duration).....yrs. 7 mos.....ds.

(Signed) C. C. Cole M. D.

Sept 5 1916. (Address) 1406 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Salisbury Md — DATE OF BURIAL, Sept 8, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C98011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C98011

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 S. Edwood ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Brawn

(Residence in Baltimore: No. 40 S. Edwood St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 4, 1914
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 4 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt'd.

PARENTS.

10-NAME OF FATHER, Chas. P. Brawn

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Bessie Lee Layfield

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. P. Brawn

(Address) H.C. S. Edwood Ave

15-

Filed SEP 7 - 1916 191.....

MARY C. ANDERSON
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 4, 1914
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1914, to Sept 4 1914, that I saw h.. alive on Sept 4 1914, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth
Toxaemia of the mother
7 months (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) A. Okarn M. D.

Sept 6, 1914. (Address) 2600 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Salisbury Md — DATE OF BURIAL, Sept 8, 1916.

20-UNDERTAKER, Christian Miller — ADDRESS 2334 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98012 C98012

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Murray.

(Residence in Baltimore: No. 1707 N Spring St. St.; 4 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Sing

6-DATE OF BIRTH: Sept. 8, 1914 (Month) (Day) (Year)

7-AGE: 2 yrs. - mos. 29 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto - Md.

PARENTS.

10-NAME OF FATHER, Henry Murray

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lottie Powers

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Rieth

(Address) Johns Hopkins Hosp

15-

Filed SEP 7 - 1916, 191 HARRY C. ANDERS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: September 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 2 191 6 to Sept. 6 191 6

that I saw her alive on Sept. 6 191 6,

and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) P. C. Rieth M. D.

Sept. 6, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 4 da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence 1716 Spring St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Evergreen Cemetery	Sept. 8th, 191 6
20-UNDERTAKER	**ADDRESS**
George J. Reuth	1735 Harford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98013

CERTIFICATE OF DEATH.

C98013

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Louis Sacks.

(Residence in Baltimore: No. 2504 Hartford ave. City St.; 38 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. Unknown ....., 1..... (Month) (Day) (Year)

7-AGE. 38 years. ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John Miller

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Louise. b. Miller

13-BIRTHPLACE OF MOTHER (State or Country). dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Sacks.

(Address) 2504 Harford ave.

15- Filed SEP 7 - 1916 [illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept. 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1916, to Sept 6 1916, that I saw her alive on Sept 5 1916, and that death occurred, on the date stated above, at 9.15 a.m.

The CAUSE OF DEATH* was as follows: Typhoid Fever

..... (Duration) ....yrs. ....mos. 30 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Sept 5, 1916 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 30 ds. In the State 24 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2504 Harford Ave

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery. DATE OF BURIAL. Sept. 8th, 1916.

20-UNDERTAKER George L. Ruth ADDRESS 1735 Harford ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98014 C98014

42

Registered No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 Sargeant St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Clazey (Clazey)

(Residence in Baltimore: No. 1338 Sargeant St. St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug 28 (Month), 1869 (Day), (Year)

7-AGE: 47 yrs. 0 mos. 8 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Conrad Erbe

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Hoffman

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William C. Clazey

(Address) 1338 Sargeant St.

15- Filed SEP 7 - 1916, 191 ROBERT R. KRAUT[illegible] Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 5 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2, 1913, to Sept 5 1916, that I saw her alive on Sept 5 1916, and that death occurred, on the date stated above, at 1.40 m.

The CAUSE OF DEATH* was as follows:

Carcinomata Uteri

..... (Duration) ..... yrs 7 mos. 6 ds.

Contributory (SECONDARY) Metastatic Carcinoma liver Lungs etc (Duration) ..... yrs 2 mos. ..... ds.

(Signed) Bernard Fuenk M. D.

Sept 5 1916 [Address] 1707 Edmondson Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Sept 8, 1916

20-UNDERTAKER: Wm Thos John W. Gemp[illegible]

ADDRESS: 801 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98015

CERTIFICATE OF DEATH.

41

C98015

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Charles ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie C Eastwood

(Residence in Baltimore: No. 519 N. Charles St.; 30 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May 12, 1843
(Month) (Day) (Year)

7-AGE, 74 yrs. 3 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Wayne Co N Y

PARENTS.

10-NAME OF FATHER, Lyman Perrin

11-BIRTHPLACE OF FATHER (State or Country), Alabama

12-MAIDEN NAME OF MOTHER Lockey Cuddeback

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Cora La Greenawalt

(Address) 519 N. Charles St.

15- Filed SEP 7 - 1916, 191.... ROBERT B. KRAUTER Registrar. Chief Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6th, 191.., to Sept 7th 191.., that I saw h.. alive on Sept 7th 191.., and that death occurred, on the date stated above, at 5 0 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure Uremia

(Duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) — yrs. — mos. 1 ds.

(Signed) Wayne Studley Perrin M. D.

Sept 7, 191.., (Address) Rochester

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Rochester N. Y.	Sept 9, 1916

20-UNDERTAKER	ADDRESS
Joel Cook	1003 E Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98016

HEALTH DEPARTMENT---CITY OF BALTIMORE

C98016

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

37

C98016

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 709 E Preston St. — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Domingo

(Residence in Baltimore: No. 709 E. Preston St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1862 (Year)

7-AGE: 54 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Thomas Domingo

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Winifred Cuney

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Winifred Domingo

(Address) 709 E Preston St

15- Filed SEP 7 - 1916 ROBERT R. KRAUTH ..... 191 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 9/6 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. ....., 191 4, to, 9/6 ....., 191 6, that I saw h[illegible] alive on 9/5 ....., 191 6, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Aneurism of Aorta
from Syph Viscera

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Rupture

(Duration) — Moment ds.

(Signed), Henry F. Garrison M. D.

9/6, 191 6 [Address] Roland Park Md.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Sept 9th, 191.....

20-UNDERTAKER: M. Fahey & Sons — ADDRESS: 666 Lafayette Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98017

CERTIFICATE OF DEATH.

63

C98017

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Godman

(Residence in Baltimore: No. 705 Mura Street St. Def. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Sing'l

6-DATE OF BIRTH, Aug 29 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore - Md

PARENTS.

10-NAME OF FATHER, Wm Godman.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Alice Leonard

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nettie Godman

(Address) 705 E Mura St

15- SEP 7 - 1916 ROBERT B. KRA[illegible]
Filed..... 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 5 1916, to September 7 1916, that I saw h er alive on September 7 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Antero Poliomyelitis

..... (Duration)....yrs....mos....6....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration)....yrs....mos....2....ds.

(Signed) Gilbert W. Rosenthal M. D.

Sept. 7..., 191.6 (Address) Children's Hospital Sch

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 705 Mura Street

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Sept. 7., 1916.

20-UNDERTAKER Wm G Cook

ADDRESS 502 E Northern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98018 C98018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 735 W. Pratt St. St.: 17 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Rudolph

(Residence in Baltimore: No. 2428 Greenmount Ave St.; yrs., 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, July (Month) 7 (Day), 1839 (Year)

7-AGE,	If LESS than 1 day,
77 yrs. 6 mos. 30 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Dennetz

(Address) 2428 Greenmount Ave

15- SEP 7 - 1916 191.... ROBERT R. KRAUT

Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy -

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) J. Edward Smith M.D.
(Coroner)

Sept 6 1916 (Address) 700 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Sept 8, 1916

20-UNDERTAKER Um Cook — ADDRESS 1028 North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98019 C98019

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3415 Greenmount St.) (WARD 9)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Loyd.

(Residence in Baltimore: No. 3415 Greenmount St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 9 (Day) 1842 (Year)

7-AGE, 73 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Talbot Co Md.

PARENTS.

10-NAME OF FATHER, Gibson Mayer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maloney,

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Loyd

(Address) 3415 Greenmount

15-

Filed SEP 7 - 1916 191.. ROBERT B. KRAUT

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R K Cleary M. D.
(Coroner.)

July 7, 1916 (Address) 4 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Co Cem

DATE OF BURIAL, Sept 7, 1916

20-UNDERTAKER Theleman Cook

ADDRESS 502 E Balt

Spec.—8-24-14—M. & T.—2000 Blks

Spec.—8-24-14—M. & T.—2000 Bks.

C98020 C98020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 341 S. Monroe ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriett V. Haryadon

(Residence in Baltimore: No. 341 S. Monroe St. St.; 1 yrs., 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 27 (Day), 1915 (Year)

7-AGE, 1 yrs. 1 mos. 8 ds. 10

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry E Haryadon

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anna M Wortman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry E Haryadon

(Address) 341 S Monroe St

15- Filed SEP 7 - 1916, 191.... ROBERT R. KRAUT Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 16 191 6, to Sept 6 191 6, that I saw h[illegible] alive on Sept 6 191 6, and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) .... yrs. .... mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) .... yrs. .... mos. .... ds.

(Signed) M. A. O'Neill M. D.

Sept 6, 191 6 (Address) 108 N Durham Lane

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Sept 8, 191 6

20-UNDERTAKER George J Smith — ADDRESS 800 W Fayette St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COPYRIGHT RESERVED FOR BINDING

C98021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98021

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hosp. St. 18 WARD) 167 REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Friedhofer

(Residence in Baltimore: No. 300 Rock St. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, ... Mch (Month) 5 (Day), 1877 (Year)

7-AGE	If LESS than 1 day,
38 yrs. 6 mos. 2 ds.	6 - 1 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Truck Loader
(b) General nature of industry, business, or establishment in which employed (or employer): United Rys Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William C. Friedhofer

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Monika Moore

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary V. Downs

(Address) 745 Columbia Ave.

15- Filed SEP 7 - 1916, 191.. ROBERT R. KRAUT Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned, upper body (accident)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lightning struck pipe cutting a gasket

(Duration) yrs. mos. ds.

(Signed) H. C. Moore Jr. M.D. (Coroner)

Sept. 7, 1916 (Address) 910 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 300 Rock St

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
London Park	Sept 8, 1916
20-UNDERTAKER	ADDRESS
Jos J Cronin	711 Hollins St

(Over)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98022 (PLACE OF DEATH) 120 REGISTERED No. C 98022

CITY OF BALTIMORE (No. 2319 Linden ave ST 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meier Meierhof

(Residence in Baltimore: No. 2319 Linden ave St.: 83 yrs. 5 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH March 29th, 1833 (Month) (Day) (Year)

7-AGE 83 yrs. 5 mos. 11 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Moses Meierhof

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Dorothea

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bettie Meierhof

(Address) 2319 Linden ave

15- Filed SEP 7 - 1916 ROBERT B. KRAUT Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15, 1916, to Sept 6 1916

that I saw him alive on Sept 6, 1916.

and that death occurred, on the date stated above, at 8.15 a m.

The CAUSE OF DEATH* was as follows:

Oedema, Pulmonary
Uremia

3
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Wm Caspari M. D.

Sept 7, 1916 (Address) 1603 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Hebrew Cem	Sept 8, 1916

20-UNDERTAKER	ADDRESS
J Threet & Co	1611 Mad ave

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C98023

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98023

CERTIFICATE OF DEATH.

81

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 McElderry ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Shelton

(Residence in Baltimore: No. 1612 McElderry St.; 1 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... Nov. — ....., 1864
(Month) (Day) (Year)

7-AGE, ... 52 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... General domestic
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Eliza Davenport

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... John Shelton

(Address) ..... 1612 McElderry St.

15-

SEP 8 - 1916 HARRY C. ANDREWS

Filed ....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept. 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1916, to Sept. 6 1916, that I saw h.. alive on Sept. 5 1916, and that death occurred, on the date stated above, at 11.45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebro Apoplexy

..... (Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... C. K. Wilson M. D.

Sept. 8, 1916, (Address) 1320 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Keysville, Charlotte Co. Va. DATE OF BURIAL, Sept. 9, 1916

20-UNDERTAKER Walter Davis ADDRESS 1608 McElderry St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98024 C98024

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 W Barre St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marguerite Ehert

(Residence in Baltimore: No. 707 W. Barre St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct 28, 1827
(Month) (Day) (Year)

7-AGE, 85 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Schell.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER dont, Rosa

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Ehert

(Address) 1015 Bonaild

15- Filed SEP 8 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2- 1916; to Sept 7- 1916, that I saw her alive on Sept 7- 1916; and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M Grunbaum M. D.

9-7-16, 191... (Address) 6 E 2a Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet — DATE OF BURIAL, Sept 10th, 191 6

20-UNDERTAKER John Howard & Son — ADDRESS 901 Hollins st

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98025 C98025

105

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 S. Poppleton, ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles B. Ford.

(Residence in Baltimore: No. 40. S. Poppleton St ST.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 7 (Day) 1914 (Year)

7-AGE, 2 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Charles B. Ford.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Julia M. Jonton

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles B. Ford

(Address) 40 S. Poppleton St.

15- SEP 8 - 1916 HARRY C. ARTHURS

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/6, 1916, to 9/8, 1916, that I saw h[illegible] alive on 9/7, 1916, and that death occurred, on the date stated above, at 5 30 /m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

9/8, 1916 (Address) 75 W. Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. 9/10, 1916

20-UNDERTAKER John J. Herman & Son

ADDRESS 901 Hollins St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C98026

HEALTH DEPARTMENT--CITY OF BALTIMORE 28

CERTIFICATE OF DEATH

C98026

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 708 Hartford Ave St. 10 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie L. wood

(Residence in Baltimore: No. 708 Hartford Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 23 yrs. mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE (State or country): Farmville Va

PARENTS

10-NAME OF FATHER: John Halcha

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Nannie Halcha

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josiah Wood

(Address) 708 Hartford Ave

15. Filed SEP 8 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 6, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10, 191 6, to Sept 6 191 6.

that I saw h.. alive on Sept 6 191 6

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Abt 3 months (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Intermittent Fever (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) E. Swan Fisher M. D.

Sept 6, 191 6 (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: Sept-8 1916

20-UNDERTAKER: M S Robert A Elliott | ADDRESS: 506 East

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C98027

HEALTH DEPARTMENT—CITY OF BALTIMORE

105

C98027

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Mulliken ST.; 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ester Sterison

(Residence in Baltimore: No. 1205 Mulliken St.; 6 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, March (Month) 1 (Day) (Year)

7-AGE, 3 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Non
(b) General nature of industry, business, or establishment in which employed (or employer): Non

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER, George Sterison

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Helen Sterison

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother Helen Sterison

(Address) 1205 Mullican St

15- Filed SEP 8 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 6 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1st 1916, to Sept 6th 1916, that I saw her alive on 1916, and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Convulsion

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) yrs. mos. 10 ds.

(Signed) Jos. L. Johnson M. D.

9-7, 1916 (Address) 30 S. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Cemetery — DATE OF BURIAL, Sept 9, 1916

20-UNDERTAKER, Mr Robert A Elliott — ADDRESS 506 East

R1

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 98028 — C98028

CERTIFICATE OF DEATH.

63

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Appleton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Simmonst

(Residence in Baltimore: No. 609 Appleton St.; 79 yrs. 2 mos. 13 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widower

6-DATE OF BIRTH, June 25, 1837 (Month) (Day) (Year)

7-AGE, 79 yrs. 2 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Mas buchmach

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Fred Simmonst

11-BIRTHPLACE OF FATHER (State or Country) Balt.

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Dont know

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Oliver C. Simmonst

(Address) Lenox Apt, Forest Pk

15-

Filed SEP 8 - 1916 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to Sept 8 1916, that I saw h in alive on Sept 7 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows: Paralysis agitans

(Duration) ?? yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Senile debility

(Duration) 2 yrs. mos. ds.

(Signed) John A Evans M. D.

, 191... (Address) 101 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemty — DATE OF BURIAL, Sep 10 1916

20-UNDERTAKER, Wm Cook — ADDRESS 502 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98029 C98029

CERTIFICATE OF DEATH.

150

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 S. Milton Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Frederick

(Residence in Baltimore: No. 723 S. Milton Ave St. 1 yr. 1 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 14th (Day); 1916 (Year)

7-AGE, ...yrs. 1 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Gev. W. Frederick

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Mary M. Weber

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gev. W. Frederick

(Address) 723 S. Milton Ave

15-

Filed SEP 8 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19th 1916, to September 6th 1916, that I saw her alive on September 6th 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Malformation Heart

(Duration) — yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary) Congenital

(Duration) ..... yrs. 1 mos. 22 ds.

(Signed) J. Albert Miller M. D.

9/7/1916 (Address) 2739 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, 1st Evangelical Cem. DATE OF BURIAL, Sept. 8, 1916.

20-UNDERTAKER H. Sander Sons ADDRESS 1310 Fleet St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98030 × 91 C98030

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 ST.; ..... WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Pierce

(Residence in Baltimore: No. 3700 Chester Place. St.; 4yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Mulatto

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Dec. 20 (Month) (Day), 1915 (Year)

7-AGE, ... yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Richard Pierce

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rosie Squires.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Pierce

(Address) 3700 Chester Place

15- SEP 8 - 1916 HARRY C. ANDREWS

Filed ..... 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 6 (Month) (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 8/29 1916, to 9/6 1916, that I saw h[illegible] alive on 9/6 1916, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 9 ..... ds.

CONTRIBUTORY (Secondary) none

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

9/6 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State Life yrs. 6 mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 3700 Chester Place

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Sept 8th, 191[illegible]

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Fleet St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98031 C98031

CERTIFICATE OF DEATH.

B 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 S. Duncan ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Cappeller

(Residence in Baltimore: No. 326 S. Duncan St. 1 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, March (Month) 31st (Day), 1847 (Year)

7-AGE, 69 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boxmaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City Md.

PARENTS.

10-NAME OF FATHER, John G. Cappeller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Biebers

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick a Schumacher

(Address) 419 S. Washington St

15-

FILED SEP 8 - 1916 191.... HARRY C. ANDREWS Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1916, to Sept 5 1916, that I saw h[er] alive on Sept 2[d] 1916, and that death occurred, on the date stated above, at 11 25 A m.

The CAUSE OF DEATH* was as follows:

(a) Uraemia

(b) Nephritis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. 14 ds.

(Signed) C. A. Mahr M. D.

..., 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Sept 8th 1916.

20-UNDERTAKER H. Sander Sons ADDRESS 1310 Fleet St.

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state
important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C98032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 131 Fallsway St.: 5 WARD) 79

REGISTERED No. C 98032

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary T. Crata

(Residence in Baltimore: No. 131 Fallsway St.; yrs. 29 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, about 29 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper assorter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno Crata

(Address) 131 Fallsway

15- Filed SEP 8 - 1916 191.... HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Few Months (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. T. Ruby (Coroner.) M. D.

Sept 7, 1916. (Address) 623 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery — DATE OF BURIAL, Sept 9, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

C98033 HEALTH DEPARTMENT—CITY OF BALTIMORE

40

CERTIFICATE OF DEATH.

REGISTERED NO. C 98033

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1147 Cleveland St. 21 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H. Clemmons

(Residence in Baltimore: No. 1147 Cleveland St.; 2 yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, June 29, 1862 (Month) (Day) (Year)

7-AGE, 54 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country), Balto City
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary E. Clemmons
(Address) 1147 Cleveland St.

15-
Filed SEP 8 - 1916 191.....
HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 1916, to Sept 6 1916, that I saw h— alive on Sept 5 1916, and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(Clinical)
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Intoxication
(Duration) yrs. mos. 10 ds.

(Signed) E. Vanderlaan M. D.
Sept 7, 1916. (Address) 14 Hutton Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Sept. 8, 1916.
20-UNDERTAKER A. S. Marshall — ADDRESS 3739 Falls Road

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C98034

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98034

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 Myrtle ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Anderson

(Residence in Baltimore: No. 416 Myrtle ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1867
(Month) (Day) (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Chase

(Address) 735 Washington Street

15-

Filed SEP 8 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 6th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31st 1916, to Sept 6th 1916, that I saw her alive on Sept 4th 1916, and that death occurred, on the date stated above, at 2. a. m.

The CAUSE OF DEATH* was as follows:

~~Cerebro Spinal~~ Meningitis

(Duration) yrs. 5 mos. 2 ds.

CONTRIBUTORY (Secondary) Valvular disease of the heart (Duration) yrs. mos. ds.

(Signed) Ellis Michaux M. D.

Sept 6th, 1916. (Address) 122 N. Fourth St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept 8, 1916

20-UNDERTAKER Lannon & Wright — ADDRESS 1364 Pacy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98035 C98035

CERTIFICATE OF DEATH.

V 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 S. Wolfe St. ST.; V WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Fecher

(Residence in Baltimore: No. 406 S. Wolfest. St.; 50 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWER, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 5, 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mathew Esthemer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mulenourt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Fecher

(Address) 406 S. Wolfest

15- SEP 8 - 1916

Filed ....., 191....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept - 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1916, to Sept 5 1916, that I saw h-r alive on Sept 5 1916, and that death occurred, on the date stated above, at 11.20 p.m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(Duration) 4 yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) —

(Duration) — yrs. — mos. ds.

(Signed) [illegible] M. D.

Sept 8, 1916. (Address) 125 S. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem — DATE OF BURIAL, Sept 9, 1916

20-UNDERTAKER Tilly & Zeile — ADDRESS 403 S Wolfest

Spec.—8-24-14—M. & T.—2000 Bks.

C98036 C98036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3240 Barclay St. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. M. Coleman.

(Residence in Baltimore: No. 3240 Barclay St. St.; 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 8th, 1860
(Month) (Day) (Year)

7-AGE, 56 yrs. 7 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Tin factory.

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Wm. Coleman

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Coleman

(Address) 3240 Barclay

15- SEP 8 - 1916 HARRY C. ANDREWS

Filed ..... 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 6th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 17th 1916, to Sept. 6th 1916, that I saw h-e alive on Sept. 6th 1916, and that death occurred, on the date stated above, at 11.30 p.m.

The CAUSE OF DEATH* was as follows:

Hepatic Cirrhosis
Ascites.

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jas. H. Livingston M. D.

Sept 8, 1916. (Address) 2532 Coleman Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept. 9, 1916

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Preston

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9803?

CERTIFICATE OF DEATH.

+ 74

C9803?

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha A McCoy

(Residence in Baltimore: No. 14 days in Johns Hopkins Hospital ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH. August 18, 1887.
(Month) (Day) (Year)

7-AGE. 29 yrs. — mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Connecticut

PARENTS.

10-NAME OF FATHER, B F Goshman

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER Anna Eriksen

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed SEP 8 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 7th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24th 1916, to Sept 7th 1916, that I saw h[illegible] alive on Sept 7th 1916, and that death occurred, on the date stated above, at 8-P m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

..... (Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Surgical Operation

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Harvey H Musser M. D.

Sept 8, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 712 Greenville St Aiken S C.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Aiken S C.	Sept 8, 1916.
20-UNDERTAKER	ADDRESS
Albert E Fuller	221 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.,

C98038

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.,

C98038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157

C98038

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Lunsty. 7

(Residence in Baltimore: No. 310 Lewis St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Sing

6-DATE OF BIRTH, Feb. 18, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. ....ds.
If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edw. Lewis.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Fanna Lawson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Phelps

(Address) Johns Hopkins Hosp

15-
Filed SEP 8 - 1916 191.... Burial Permit Issued
HARRY C. ANDREWS
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 3, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 2 1916 to Sept 3 1916, that I saw h[illegible]alive on Sept 3 1916, and that death occurred, on the date stated above, at 230 a m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. — mos. ....ds.

(Signed) D. E. W. Smith M. D.

Sept 3, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. 2 mos. ....ds.
Where was disease contracted, if not at place of death? ✓
Former or usual residence 310 Lewis St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	Sept 7, 1916
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

*WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98039

C98039

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98039

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH — CITY OF BALTIMORE (No. 921 N. Bond St.: 7 WARD) — REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME — Ida Green

(Residence in Baltimore: No. 921 N. Bond St.; yrs. 1 mos. 3 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Baby

6 DATE OF BIRTH: Aug. (Month) 8 (Day), 1916 (Year)

7 AGE: ..... yrs. 1 mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer): none

9 BIRTHPLACE (State or country): Balt. Md.

PARENTS

10 NAME OF FATHER: Philip Green

11 BIRTHPLACE OF FATHER (State or country): Austria

12 MAIDEN NAME OF MOTHER: Ida Kanis

13 BIRTHPLACE OF MOTHER (State or country): Austria

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Philip Green

(Address) 921 N. Bond St

15 Filed SEP 8 - 1916 .. M

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 9 (Month) 8 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 9-4-, 1916, to 9-8, 1916, that I saw h[er] alive on 9-8, 1916 and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY): Syphilis Marasmus Debility

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) J. C. Kaegi M. D.

9-8-, 1916 (Address) 156 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Hebrew Mt. Carmel — DATE OF BURIAL: Sept 8, 1916

20 UNDERTAKER: Jack Lewis — ADDRESS: 1411 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98040 C98040

CERTIFICATE OF DEATH.

63

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 West North Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Jacob Gustav Meyer

(Residence in Baltimore: No. 1226 West North Ave St.; 3 yrs., 1 mos. 27 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White Hebrew	Single

6-DATE OF BIRTH. July (Month) 11 (Day), 1913. (Year)

7-AGE. 3 yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 1226 West North Ave Baltimore Md

PARENTS.

10-NAME OF FATHER, Moses Maurice Meyer

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bertha Stern

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Meyer

(Address) 1226 W North Ave

15- SEP 8 - 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 7 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 6 1916, to Sept 7 1916, that I saw him alive on September 7 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Poliomyelitis

..... (Duration) ..yrs. ..mos. 6 ds.

CONTRIBUTORY (Secondary) Respiratory failure 3 hours

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) Charles Judd M. D.

9/7/, 1916. (Address) 1701 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Cem. DATE OF BURIAL, 9/8, 1916

20-UNDERTAKER David Londheim ADDRESS 1180 W Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98041

CERTIFICATE OF DEATH.

C98041

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ewan

(Residence in Baltimore: No. 610 E. 28th St. St.; 1 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1898
(Month) (Day) (Year)

7-AGE, 18 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, James Ewan

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Mary Wighton

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Ewan

(Address) 610 E. 28th St

15- Filed SEP 8 - 1916 HARRY T. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1916, to Sept 7 1916, that I saw h[illegible] alive on Sept 7 1916, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis resulting from perforated typhoid ulcer

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Typhoid Fever

(Duration) yrs. 4 weeks

(Signed) Frank C. Sharma M. D.

Sept. 7, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 26 ds. In the State 1 yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 610 E. 28th St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Sept. 8, 1916

20-UNDERTAKER Wilbur Cook — ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98042 81 C98042

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 E Eager ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Happersett

(Residence in Baltimore: No. 1815 E Eager St.; 78 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1..... (Year)

7-AGE, 78 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, George Shueler

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Margaret Hamilton

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. George Shueler

(Address) 1815 E. Eager St.

15- Filed SEP 9 - 1916, 191... ROBERT R. KRAUT[illegible] Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept. (Month) 8 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17, 1916, to Sept. 8, 1916, that I saw her alive on Sept. 7, 1916, and that death occurred, on the date stated above, at 5-00 a.m.

The CAUSE OF DEATH* was as follows:

..... Arterial Sclerosis .....

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin B. Fenby, M. D.

Sept. 8, 1916. (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Sept. 10, 1916.

20-UNDERTAKER Henry Storck Son

ADDRESS 1301 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98043 — 104 — C98043

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2639 Fait ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Koryto

(Residence in Baltimore: No. 2639 Fait Ave ST.; ....yrs., 7 mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male.	White	Single

6-DATE OF BIRTH, ... Jan. (Month) 7 (Day), 1916 (Year)

7-AGE, ...yrs. 8 mos. — ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wadyslaw. Koryto

11-BIRTHPLACE OF FATHER (State or Country), Austria Galicia

12-MAIDEN NAME OF MOTHER Mary. Waryasz.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Koryto

(Address) 2639 Fait —

15- Filed SEP 9 - 1916, 191.... ROBERT R. KRAUT... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 21 1916, to Sept 8 1916, that I saw h.. alive on Sept 8 1916, and that death occurred, on the date stated above, at 10 15 pm.

The CAUSE OF DEATH* was as follows:

Acute Dilo Colitis.

(Duration)....yrs. Cannot Ascertain

CONTRIBUTORY (Secondary) .....

(Duration)....yrs....mos....ds.

(Signed) Dr. J. H. Zaumzeth M. D.

Sept 9, 1916. (Address) 2431 Fait Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Sept 7, 1916
20-UNDERTAKER Wm Fiaskowski	ADDRESS 168 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

573 — 44 — C98044

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98044 C98044 104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1335 Reynolds St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Jakubowski

(Residence in Baltimore: No. 1335 Reynolds St. St.; 1 yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	single

6-DATE OF BIRTH, Sept. (Month) 7 (Day), 1915 (Year)

7-AGE	If LESS than 1 day,
1 yrs. mos. 1 ds.	....hrs. or....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Jakubowski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Annie Price

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Jakubowski

(Address) 1335 Reynolds

15- Filed SEP 9 - 1916, 191.....

ROBERT R. KRAUT... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 6th 1916, to Sept 8th 1916, that I saw her alive on Sept 6th 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

1 Malnutrition

2 Gastro Enteritis

.....

..... (Duration).....yrs.....mos...8...ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

..... (Duration).....yrs.....mos.8....ds.

(Signed) Harry Bruen M. D.

Sept 8th, 1916. (Address) 1208 Mt. Royal Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Sept. 9, 1916

20-UNDERTAKER William Fiaczowski — ADDRESS 1618 Eastern Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec —5-19-13— M. & T.—500 Bks.

13 C98045 HEALTH DEPARTMENT—CITY OF BALTIMORE 91 C98045

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. C

CITY OF BALTIMORE: (No. St. Vincents Infant Asy St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucian Reien

(Residence in Baltimore: No. St. Vincents Infant Asylum St.: 1 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Jan (Month) 6 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 8 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincent Inf Asylum

(Address) 1701 Dawson St

15- Filed SEP 9 - 1916 ROBERT R. KRAUT Registrar
Filed ..... 191 .....
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 30 1916, to Sept 6 1916, that I saw him alive on Sept 6 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. J. Powers M. D.

, 191... (Address) 2571 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 8 mos. ds. In the State 1 yrs. 8 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Catholic	Sept 8, 1916
20-UNDERTAKER	ADDRESS
Martin F. Fahey & Sons	606 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C98046 CERTIFICATE OF DEATH. 37 C98046

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 37

C98046 C98046

CERTIFICATE OF DEATH

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. C

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum St.; 14 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Miller

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ..... yrs., 1 mos. 12 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 1 (Day), 15 (Year)

7-AGE, ... yrs. 9 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincent Inf Asylum

(Address) 1701 Division St

15- SEP 9 - 1916 ROBERT R. KRAUT

Filed ....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to Sept 6 1916, that I saw h im alive on Sept 6 1916, and that death occurred, on the date stated above, at 7:10 p m.

The CAUSE OF DEATH* was as follows:

..... Meningetis of
..... syphilitic origin
..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Lowe M. D.

....., 191... (Address) 2571 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 12 ds. In the State ..... yrs. 9 mos. 5 ds.

Where was disease contracted, if not at place of death?

Former or usual residence unknown

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, Sept 8, 1916

20-UNDERTAKER Martin Fraley & Son — ADDRESS 606 Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98047 64 C98047

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 443 E Clement ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Buchheit

(Residence in Baltimore: No. 443 E Clement St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. (Month) ..... (Day), 1837. (Year)

7-AGE,	If LESS than 1 day,
79 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Peter Buchheit

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Russell

(Address) 443 E Clement

15 SEP 9 - 1916 ROBERT R. KRAUT

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 7 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 7 1916, to Sept 7 1916, that I saw h alive on Sept 7 1916, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) 1 yrs. mos. ? ds.

(Signed) Dr. Joseph H. Steett M. D.

Sept 8, 1916. (Address) 431 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Sept 10, 1916

20-UNDERTAKER C. D. Fanning — ADDRESS 1460 Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C98048 C98048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Chestnut Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Tilton James

(Residence in Baltimore: No. 3309 Chestnut Ave St.; 2 yrs., [illegible] mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Sept (Month) 1st (Day), 1914 (Year)

7-AGE, 2 yrs. mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John M. James

11-BIRTHPLACE OF FATHER (State or Country), Howard County

12-MAIDEN NAME OF MOTHER Orpah C. Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M. James

(Address) 3309 Chestnut Ave

15- FILED SEP 9 - 1916 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 5 1916, to Sept 8 1916, that I saw h[illegible] alive on Sept 8 1916, and that death occurred, on the date stated above, at 10 20 m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

..... (Duration).....yrs.....mos. 9 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) C. J. Davis M. D.

Sept 8, 1916 (Address) 801 W. 33rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Hampden | DATE OF BURIAL, Sept 10 1916

20-UNDERTAKER Greenwalt & Son | ADDRESS 367 Chestnut Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98049 104 C98049

CERTIFICATE OF DEATH.

1-PLACE OF DEATH # 710 W. 36 St. ST.; 13 WARD) REGISTERED NO. C

CITY OF BALTIMORE: (No.

2-FULL NAME Doris Idell Taylor

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 710 W. 36 St. St.; yrs. 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Infant

6-DATE OF BIRTH, July (Month) 3 (Day), 1916 (Year)

7-AGE, yrs. 2 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER, Carl S. Taylor

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Keller Madairy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF ~~MY~~ KNOWLEDGE.

(Informant) Carl S. Taylor

(Address) 710 W. 36 St

15- SEP 9 - 1916 Filed, 191 ROBERT R. KRAUT Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1916, to Sept 8 1916, that I saw h[illegible] alive on Sept 7 1916, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) yrs. 22 mos. ds.

CONTRIBUTORY (Secondary) Enteritis Colitis

(Duration) yrs. 1 mos. 3 ds.

(Signed) R. B. N[illegible] M. D.

Sept 8, 1916 (Address) 7347 Chestnut Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Marys Hagerstown DATE OF BURIAL, Sept 9, 1916

20-UNDERTAKER Bremerkle & Son ADDRESS 367 Chestnut Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98050 C98050

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Keyser ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Honora O'Brien

(Residence in Baltimore: No. 1602 Keyser St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. December 2, 1886 (Month) (Day) (Year)

7-AGE. 29 yrs. 9 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER. Charles Bremmer

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Mary Lynch

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Danal O'Brien

(Address) 1602 Keyser

15- SEP 9 - 1916 ROBERT E. REAUP

Filed ....., 191... Burial Permit Clark

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from SEP 5 1916 191, to SEP 9 1916 191, that I saw her alive on SEP 5 1916 191, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) 1 yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) 1 yrs. 6 mos. 1 ds.

(Signed) Otto H Duker M. D.

SEP 8 1916, 191... (Address) 926 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lakewood DATE OF BURIAL. Sept 9 1916.

20-UNDERTAKER. Wendell Depkel ADDRESS 577 Lanv

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C98051 C98051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 654 W. Fayette ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Irwin Shipley

(Residence in Baltimore: No. #654 W Fayette St.; ..... yrs., 1 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 19 (Day), 1916 (Year).

7-AGE, ... yrs. 1 mos. 19 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md (748 W. Fayette)

PARENTS.

10-NAME OF FATHER, William Shipley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore County

12-MAIDEN NAME OF MOTHER Mary Louise Haas

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Shipley

(Address) 654 W. Fayette St

15- FILED SEP 9 - 1916 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 7th (Month) (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept. 5th 1916, to Sept. 7th 1916, that I saw him alive on Sept. 7th 1916, and that death occurred, on the date stated above, at 10.20 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

about 4 (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

about 7 (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William Daw M. D.

Sept. 8, 1916. (Address) #143 N. Williams St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 654 W Fayette St.

19-PLACE OF BURIAL OR REMOVAL, St Marys / Hampden — DATE OF BURIAL, Sept 9, 1916

20-UNDERTAKER Ehrenwerth & Son — ADDRESS Chestnut Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98052

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98052

41

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 519 N Kirby lane St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Allen Moss

(Residence in Baltimore: No. 519 N Kirby lane St. 23 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (If write the word): Married

6 DATE OF BIRTH: Unknown (Month), 1 (Day), (Year)

7 AGE: 41 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: John Moss

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Annie Jones

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Davis Moss

(Address) 519 Kirby lane

15 Filed SEP 9 - 1916, 191

HARRY C. ANDREWS

BURIAL PERMIT CLERK

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1916, to Sept 7, 1916, that I saw h[im] alive on Sept 6, 1916, and that death occurred, on the date stated above, at 7 20 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobularis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Epilepsy

(Duration) 1 yrs. 6 mos. ds.

(Signed) Nathaniel Gorter M. D.

Sept 8, 1916 (Address) 2721 Parkwood Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel cemetery

DATE OF BURIAL: Sept 9, 1916

20 UNDERTAKER: C E Lyon

ADDRESS: 1405 McElderry st

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C98053

CERTIFICATE OF DEATH

120

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2514 St.: Pennsylvania Ave WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia A. Augur

(Residence in Baltimore: No. 2514 St.: Pennsylvania Ave 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Feb (Month) 15th (Day), 1838 (Year)

7-AGE: 77 yrs. 6 mos. 23 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: — None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Connecticut U.S

PARENTS

10-NAME OF FATHER: R. N. Augur

11-BIRTHPLACE OF FATHER (State or country): Connecticut

12-MAIDEN NAME OF MOTHER: Maria H. Gleany

13-BIRTHPLACE OF MOTHER (State or country): Connecticut U.S

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Milton Gleason

(Address) 2514 Penna ave

15- Filed SEP 9 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 7th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12th, 1916, to, Sept 7 1916, that I saw h[illegible] alive on Sept 7 1916, and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

(1) Chronic interstitial Nephritis — Chronic Myocarditis (Duration) 1 yrs ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. L. Jones M. D.

Sept 8. 1916. [Address] 1235 N. Lafayette ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. — In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Sept 9 1916

20-UNDERTAKER: Josiah Seyfert — ADDRESS: 1606 N Wartham ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98054 C98054

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1371 N. Gilman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel M. Fowler

(Residence in Baltimore: No. 1371 N. Gilman St.; 15 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. (Month) 16 (Day), 1892 (Year)

7-AGE. 23 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Self

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, C. A. Lehman.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Flora Wilhelm

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). C. A. Lehman

(Address) 1371 N Gilman St

15- SEP 9 - 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept. (Month) 8 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1916, to Sept. 8 1916, that I saw h[er] alive on Sept. 6 1916, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. C. Metzel M. D.

Sept. 8, 191.6 (Address) 1903 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Md — DATE OF BURIAL, Sept. 10, 191.6

20-UNDERTAKER Albert E Fuller — ADDRESS 221 N Bond

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr R. Metzel 1903 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98055 C98055

CERTIFICATE OF DEATH.

63×

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Montpelier Av ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Virginia Wolf

(Residence in Baltimore: No. 601 Montpelier Av. St.; — yrs. 16 mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1914 (Year)

7-AGE, — yrs. 1 4/12 mos. — ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wolf

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Alice Chilcote

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Wolf

(Address) 601 Montpelier Ave

15-

Filed SEP 9 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 8th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 7th 1916, to Sept 8th 1916, that I saw her alive on Sept 7th 1916, and that death occurred, on the date stated above, at 4.25 a.m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

Poliomyelitis

Enteritis

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Jas. H. Haugerty M. D.

Sept 8th 1916 (Address) 2532 Freemont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Hampden	Sept 9, 1916
20-UNDERTAKER	ADDRESS
C. A. Weidefeller	Greenmount

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 98056 — C 98056

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2005 Homewood ar 9 ST.; ..... WARD)

(If death occurred in hospital or institution give its NAME instead of street and number; then fill out No. 18.)

2-FULL NAME James Fedyard Hand

(Residence in Baltimore: No. 2005 Homewood ar St.; 70 yrs., ... mos. ....)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Aug (Month) 7 (Day), 1832 (Year)

7-AGE: 84 yrs. 1 mos. X ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country): Near Ohio

PARENTS.

10-NAME OF FATHER: Henry Hand

11-BIRTHPLACE OF FATHER (State or Country): Conn

12-MAIDEN NAME OF MOTHER: Julia Morgan

13-BIRTHPLACE OF MOTHER (State or Country): Conn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clifton B Hand

(Address) 2005 Homewood

15-

Filed SEP 9 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sep (Month) 8 (Day), 19 (Y

17- I HEREBY CERTIFY, That I attended deceased Aug 7, 191.6, to Sep 7 191

that I saw h IM alive on Sep 7 191

and that death occurred, on the date stated above, at 4

The CAUSE OF DEATH* was as follows:

Chronic Dilated Heart

..... (Duration) X yrs. X mos. 3

CONTRIBUTORY (Secondary) Chronic Endocar

..... (Duration) 10 yrs. 1 mos. X

(Signed) C H Dukes

Sep 8, 191.6 (Address) 926 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT C state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICID HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. SIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State .....yrs.....mos.....

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cleveland Ohio

DATE OF BURI Sept 9..., 1

20-UNDERTAKER: William Cook

ADDRESS 502 E. N

Dr Dukes Both of Oakhill Ave.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98057 C98057

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 N Mount ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma F McPherson

(Residence in Baltimore: No. 1105 N. Mount St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 27 (Day), 1848 (Year)

7-AGE, 68 yrs. 1 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): H.W.

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, James R Baylis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elizabeth Hagner

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Baylis

(Address) 1105 N. Mount

15-

Filed SEP 9 1916, 191.....

HARRY G. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 8th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to Sept 8th 1916, that I saw h[illegible] alive on Sept 8th 1916, and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. C. Jones M. D.

Sept 9, 1916 (Address) 1235 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, Sept 11, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E. Nort[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

C98058

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98058

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Fitzhugh

(Residence in Baltimore: No. 1415 N. Pine St.: 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write word.): Married

6-DATE OF BIRTH: Unknown ..... (Month) ....., 1 ..... (Day) ..... (Year)

7-AGE: 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country): Balto. Maryland

PARENTS.

10-NAME OF FATHER: George Fitzhugh.

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Ida Briscoe

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Fitzhugh

(Address) 702 W. Lanvale St.

15- SEP 9 - 1916

Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3 1916, to Sept 8 1916,
that I saw her alive on Sept 8 1916,
and that death occurred, on the date stated above, at 7:25 A.m.
The CAUSE OF DEATH* was as follows:

Endocarditis

..... (Duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary),

..... (Duration) 0 yrs. mos. ds.

(Signed) Edward H. Smith M. D.

Sept 8, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. mos. 5 ds. In the State ... yrs. 6 mos. ds.

Where was disease contracted, if not at place of death? 1415 N. Pine St

Former or usual residence 1415 N. Pine St

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Sept. 11 1916.

20-UNDERTAKER H. E. & P. Dyke

ADDRESS 102 E. Mount-ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98059

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98059

CERTIFICATE OF DEATH.

† 55

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Wolf

(Residence in Baltimore: No. 815 S. Clinton St ..... St.; ..... yrs., 3 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word)
Female	White	Single

6-DATE OF BIRTH, May ..... (Month) ..... (Day) ....., 1916 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 3 mos. .....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Michael Wolf

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Josephine Boog

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-

Filed SEP 9 - 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September ..... (Month) 8 ..... (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 6 1916, to September 8 1916, that I saw her alive on September 8 1916, and that death occurred, on the date stated above, at 1 00 a m.

The CAUSE OF DEATH* was as follows:

.....
Acidosis
.....
.....
..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. C. W. Smith M. D.

Sept. 8., 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. Life mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 815 S Clinton St Balto Co

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Carmel Cem.	Sept. 9th, 1916
20-UNDERTAKER	**ADDRESS**
Lilly & Zeiler	4039 Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

98060 b

104 C 98060

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St.; WARD 21

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Croggin

(Residence in Baltimore: No. 1105 N. Ostend St.; Life yrs.... mos.... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. (Month) 15 (Day), 1873 (Year)

7-AGE, 43 yrs. 6 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Yates, Md

PARENTS.

10-NAME OF FATHER, Newton F Croggin

11-BIRTHPLACE OF FATHER (State or Country), Washington DC.

12-MAIDEN NAME OF MOTHER Barbara E Ulman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Newton F Croggin

(Address) 1105 N Ostend St

15-

FILED SEP 9 - 1916. HARRY S. ANDREW

Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2, 1916, to Sept 7 1916, that I saw her alive on Sept 7 1916, and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Intersusception

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) General peritonitis

(Duration) yrs. mos. 1 ds.

(Signed) Edw Gruenbaum M. D.

Sept 7, 1916 (Address) 51 Scott

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1105 N Ostend St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Sept 9, 1916

20-UNDERTAKER James Dignan & Son — ADDRESS 1000 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98061 C98061

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 N. Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Miskimons

(Residence in Baltimore: No. 919 N. Castle St.; 73 yrs., 10 mos. 1 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 6th (Month) (Day), 1842 (Year)

7-AGE, 73 yrs. 10 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Police Officer

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thos. Miskimons

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth —

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Miskimons

(Address) 919 N. Castle

15- Filed SEP 9 - 1916, - 191... HARRY G. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 7th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to Sept 7 1916, that I saw him alive on Sept 1 1916, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis Wrist Joint

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Albertus Allen M. D.

Sept 8, 191 6 (Address) 1303 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Balto Cem. DATE OF BURIAL, Sept 10 1916

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98062 C98062

CERTIFICATE OF DEATH.

80

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Winchester ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary O'Hara

(Residence in Baltimore: No. 1826 Winchester St.; 7 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White Caucasian	Widow

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
about 90 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Hugh Smith

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Cashman

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Moran .....

(Address) 1760 Bank St .....

15-

SEP 9 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 7th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/7 1916, to 9/7 1916, that I saw h..... alive on 9/7 1916, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Cont. Arteriosclerosis

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Cont. Arteriosclerosis

(Duration) Cont. yrs. .....mos. .....ds.

(Signed) D. E. Bryant M. D.

9/7, 191.. (Address) 1207 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1912 Fremont Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Sept. 11th 1916.
20-UNDERTAKER John A Moran	ADDRESS Bank & Aisquith

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98063 C98063

CERTIFICATE OF DEATH.

13

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8042 Stricker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva D. Weishaar

(Residence in Baltimore: No. 8042 N. Stricker St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 29 (Day), 1897 (Year)

7-AGE, 19 yrs. 3 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Fredericksburg Md.

PARENTS.

10-NAME OF FATHER, Michael Weishaar

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Pearl Boone

13-BIRTHPLACE OF MOTHER (State or Country), Somerville Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pearl Weishaar

(Address) 8042 N. Stricker St

15- SEP 9 - 1916 Filed ..... 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30- 1916, to Sept. 8- 1916, that I saw her alive on Sept. 8- 1916, and that death occurred, on the date stated above, at 10-20a m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

..... (Duration) — yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. McCurdy M. D.

Sept. 8; 1916 (Address) 9062 Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park. DATE OF BURIAL, Sept. 10, 1916.

20-UNDERTAKER Lemmon ADDRESS 102 E. Saratoga

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98064

HEALTH DEPARTMENT--CITY OF BALTIMORE

C98064

CERTIFICATE OF DEATH

REGISTERED No. C 79

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1013 Linden av St. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ella Jones

(Residence in Baltimore: No. 1013 Linden av St.: 30 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: November 1 (Month) (Day) (Year)

7 AGE: 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Ella Goldsborough

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nellie Jones Jackson

(Address) 1013 Linden Ave

15 SEP 9 - 1916 Filed ....., 191 .....

Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 8 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1916, to Sept 8, 1916, that I saw h alive on Sept 6, 1916, and that death occurred, on the date stated above, at 7.5 a.m.

The CAUSE OF DEATH* was as follows:

1 Mitral Insufficiency

2 Pneumonia (Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) Cardiac Dropsy (Duration) 1 yrs. mos. ds.

(Signed) Edward Fisher M. D.

Sept 8, 1916 (Address) 1612 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Cemetery — DATE OF BURIAL: Sept 11, 1916

20 UNDERTAKER: J. A. Bishop — ADDRESS: Pratt St.

HEALTH DEPARTMENT, CITY OF BALTIMORE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98065

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98065

CERTIFICATE OF DEATH

1170

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2120 E Lombard ST.: 1 ST WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Daniel DeCaindry

(Residence in Baltimore: No. 2120 E Lombard St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH June (Month) 18 (Day), 1847 (Year)

7 AGE 69 yrs. 2 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Carpenter (House)
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Alabama

PARENTS

10 NAME OF FATHER Daniel A. DeCaindry

11 BIRTHPLACE OF FATHER (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary H. McLean

13 BIRTHPLACE OF MOTHER (State or country) Georgia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Christina DeCaindry (wife)

(Address) 2120 E Lombard St.

15 SEP 9 - 1916 Filed ....., 191 HARRY S. ANDERSON Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1916 to Sept 7 1916.

that I saw him alive on Sept 7, 1916.

and that death occurred, on the date stated above, at 10 25 A m.

The CAUSE OF DEATH* was as follows:

Ascending Pulmonary Oedema

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Chr Int Nephritis

(Duration) ..... yrs. 8 mos. ..... ds.

(Signed) G E Francens M. D.

9/9/16, 191 (Address) 2939 Jos Elder

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Sept 10, 1916

20 UNDERTAKER H E Hughes — ADDRESS 175 S. Broadway

C98066 — 13 — 64 — 6

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 519 Somersett Street, St.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Sephus

(Residence in Baltimore: No. 519 Somersett Street St.; 55 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Femal
4-COLOR OR RACE: Color'd
5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Marrid

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 55 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE (State or country): Born in Baltimore

PARENTS
10-NAME OF FATHER: Isiah Fowler
11-BIRTHPLACE OF FATHER (State or country): Virginia
12-MAIDEN NAME OF MOTHER: Mary Fowler
13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Husband John Sephus
(Address) 519 Somerset-st

Filed SEP 10 1916 ....., 191.. HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: September (Month) 8th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 23rd, 1916, to, Sept. 8th 1916, that I saw her alive on Sept. 7th 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) — yrs — mos. 5 ds.

Contributory (SECONDARY): Epilepsy

(Duration) 20 yrs — mos. — ds.

(Signed), Edw M. Sugawald M. D.

Sept. 9th 1916 [Address] 5 E. Washington St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Ashury Cemitary — DATE OF BURIAL: Sept 11 1916

20-UNDERTAKER: Mrs Robert A Elliott — ADDRESS: 500 East-st

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C98067

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98067

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 N. Duncan ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Hupka

(Residence in Baltimore: No. 134 N. Duncan St.; 45 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Not Known ....., 1..... (Month) (Day) (Year)

7-AGE, 75 yrs. mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Martin Hupka

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Mary Jozi

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Frances Hupka

(Address) 134 N. Duncan St

15- SEP 10 1916 HARRY C. ANDREWS
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept 8 ....., 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29th 1916, to Aug 29 1916, that I saw h*im* alive on August 29th 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

..... Chronic Myocarditis .....

..... (Duration) ..... yrs. Don't Know mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis + debility

..... (Duration) Don't Know yrs. mos. ds.

(Signed) ..... Frank J. Ryd ..... M. D.

Sept. 9th, 1916 (Address) 1937 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Hill	Sept 11, 1916.
20-UNDERTAKER Frank Leach & Son	ADDRESS Mt. Auburn Ave

C98063

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C98068

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 125 Albemarle ST.: 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elena Kanetsky

(Residence in Baltimore: No. 125 Albemarle St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Femal

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April 30, 1916 (Month) (Day) (Year)

7-AGE: yrs. 4 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Dominik Kanetsky

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Veronica Rasgitis

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. Kanetskig

(Address) 125 Albemarle St

15 Filed SEP 10 1916 HARRY G. ANDREWS REGISTRAR

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 9, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1916, to Sept 8, 1916, that I saw her alive on , 1916, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A. G. Freedom M. D.

Sept. 9, 1916 (Address) 918 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus — DATE OF BURIAL: Sept. 10, 1916

20-UNDERTAKER: John Grabliauskas — ADDRESS: 500 S. Bond St

C98069

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

C98069

1-PLACE OF DEATH W

CITY OF BALTIMORE (No. 1503 Fairmount ave ST.: 19 WARD)

REGISTERED No. C 119

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Butler

(Residence in Baltimore: No. 1503 W Fairmount ave St.: yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, Aug (Month) 31 (Day), 1886 (Year)

7-AGE,	If LESS than 1 day,
30 yrs. mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Maint

9-BIRTHPLACE, (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER, Henry Simms

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Newton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cassie Newton

(Address) 308 23½ E

15- Filed SEP 10 1915 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Uraemic Convulsions (Duration) yrs. mos. 2 hrs

(Signed) James M Fenton (Coroner.) M. D.

Sept 9, 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Sept 11, 19....
20-UNDERTAKER John H Fradenburg	ADDRESS 1425 Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAKE PENCIL, WITH CARBON INK—THIS IS A PERMANENT RECORD

C98070

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C98070

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1618 Lansing av St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Holter

(Residence in Baltimore: No. 1618 Lansing av St.; — yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH March 24, 1854 (Month) (Day) (Year)

7-AGE 62 yrs. 5 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): England

PARENTS

10-NAME OF FATHER: Michael Birmingham

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Love

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine Garrah

(Address) Lauraville Balto Co Md

15- Filed SEP 10 1916, 19.. HARRY S. ANDREWS Deputy Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9, 1916, to, Sept 9 1916, that I saw her alive on Sept 9 1916, and that death occurred, on the date stated above, at 11.40 p m.

The CAUSE OF DEATH* was as follows:

Left Hemaphlegia & Tachycardia

Hemaphlegia

(Duration) yrs. mos. 1 ds.

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) A. O. Carman M. D.

Sept 10, 1916 [Address] 1202 N Carlton

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Sept 10, 191..

20-UNDERTAKER: Geo W Rademann

ADDRESS: 1101 S. Clinton St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98071 104 C98071

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Fait ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Zuchowski

(Residence in Baltimore: No. 2603 Fait Ave St.; ....yrs., 15 mos. 9 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 30 (Day), 1915 (Year)

7-AGE, 1 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Zuchowski

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Francis Konapacka

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Zuchowski

(Address) 2603 Fait Ave

15- SEP 10 1916 HARRY G ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to Sept 8 1916, that I saw h[illegible] alive on Sept 8 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Convulsion

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Sept 8, 1916. (Address) 1000 S. Bolton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	Sept 10, 1916.
20-UNDERTAKER	ADDRESS
Stephen J Fiolkowski	1040 Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Bks.

B C98072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C98072

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 W. Lanvale ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard H. Frazier

(Residence in Baltimore: No. 1604 W. Lanvale St; St.; 79 yrs., mos. 7 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Widower

6-DATE OF BIRTH. Sept 2nd, 1837 (Month) (Day) (Year)

7-AGE. 79 yrs. — mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Contractor + Builder
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. John Frazier

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Adeline Sullivan

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Frazier

(Address) 1604 W Lanvale St

15-

SEP 10 1916 HARRY S. ABELSON

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept. 9, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 — 1915, to Sept. 9 — 1916, that I saw h— alive on Sept 8 — 1916, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation, Nephritis

Mal Nutrition

about one year

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Convulsion ?

Coma about 8 hours

(Duration) yrs. mos. ds.

(Signed) Martin M. Cook M. D.

Sept. 9, 191.6 (Address) 1604 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cem. DATE OF BURIAL. Sept 11 191 6

20-UNDERTAKER Putnam & Co ADDRESS 1720 Eutaw St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98073 89 C98073

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 N. Caroline ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Curtis

(Residence in Baltimore: No. 720 N. Caroline St.; ... yrs., ... mos., ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored a. ae	Single

6-DATE OF BIRTH, Feb. 28, 1836 (Month) (Day) (Year)

7-AGE, 79 yrs. 6 mos. 11 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William H. Curtis

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Florence Briscoe

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecelia Wilson

(Address) 720 N. Caroline St.

15-

SEP 10 1916

Filed ..., 191... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1916, to Sept. 8 1916, that I saw h[illegible] alive on Sept. 8, 1916, and that death occurred, on the date stated above, at 12.15 p.m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) ... yrs. 2 mos. ... ds.

(Signed) C. H. Wilson M. D.

Sept. 10, 1916. (Address) 1520 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Sept. 11, 1916.

20-UNDERTAKER Chas C. Bailey ADDRESS 1421 Jefferson st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12 C98071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C98071

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1616 Shakespeare ST. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Supchinsky

(Residence in Baltimore: No. 1616 Shakespeare St. St.; yrs., 4 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, May (Month) 7 (Day), 1916 (Year)

7-AGE, ...yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Supchinsky

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Mary Kamenesky

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Supchinsky

(Address) 1616 Shakespeare St

15-

Filed SEP 10 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Gastro-Enteritis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Harvey Sigaul Lovejoy M. D. (Coroner.)

Sept 9, 1916. (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Sept 11, 1916
20-UNDERTAKER	ADDRESS
William Fiacsack	1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

12 C98072

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

B C98075

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98075

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 854 S. Bond. ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Muscinujewska

(Residence in Baltimore: No. 864 S. Bond. St.; ..... yrs., 4 mos. 15 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Apr. (Month) 25 (Day), 1916 (Year)

7-AGE, ... yrs. 4 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Anton Muscinujewski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Wladyslawa Dopkowska

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton Muscinujewski

(Address) 864 S. Bond St.

15- SEP 10 1916

Filed ....., 191.... HARRY G. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 6 1916, to Sept 10 1916, that I saw h er alive on Sept 9 1916, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Gastritis & Enteritis Colitis

..... (Duration) ..... yrs. ..... mos. 1 4 ds.

CONTRIBUTORY (Secondary) Asthenia & Toxemia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Wm. D. Andrews M. D.

10-10..., 1916 (Address) 1621 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Sept 10., 1916

20-UNDERTAKER William Fiackowski — ADDRESS 161 N. Eastern

C98076 HEALTH DEPARTMENT--CITY OF BALTIMORE C98076

CERTIFICATE OF DEATH

64

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3925 Frisby ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Buettner

(Residence in Baltimore: No. 413 Nan— St.: 49 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug (Month) 10 (Day), 1867 (Year)

7-AGE: 49 yrs. — mos. 30 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Conrad Buettner

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Amelia M. Fister

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John A Buettner

(Address) 347 W. Preston

15.

SEP 10 1916

Filed ....., 191.... HARRY G. ANDREWS Burial Permit Clerk REGISTRAR

Remove to 405 Newport

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 9 (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 2, 1916, to, Sept 9, 1916, that I saw h[illegible] alive on Sept 8, 1916, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 2 hr yrs. 1 mos. ds

Contributory (SECONDARY) Cirrhosis

(Duration) yrs. mos. 6 ds.

(Signed), Frank G. Mowry M. D.

Sept. 9, 1916 (Address) 1500 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Sep 11, 1916

20-UNDERTAKER: William Cook ADDRESS: 502 E North

HEALTH DEPARTMENT---CITY OF BALTIMORE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C9807 — 92 — C9807

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 16 N Glover St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine E Teabo

(Residence in Baltimore: No. 16 N Glover St.; ..... yrs. 7 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb 9 (Month), 1916 (Year)

7-AGE: 0 yrs 7 mos 0 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: John E Teabo

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Annie Reynolds

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): John E. Teabo

(Address): 16 N. Glover St

15- Filed ..... 191 .....

HARRY G. ANDREWS
SEP 10 1916
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 8 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1916, to, Sept 8 1916, that I saw h[e] alive on Sept 8 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 0 yrs 0 mos 4 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos ..... ds.

(Signed) John H Cushing M. D.

Sept 8, 1916 [Address] 1305 [illegible]

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: Sept. 10 1916

20-UNDERTAKER: Lilly & Julian

ADDRESS: 1038 Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C98078

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98078

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 Ward) REGISTERED NO. C 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John McCullough.

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs., mos. ~~2~~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept 10, 1895.
(Month) (Day) (Year)

7-AGE, 21 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Iowa

PARENTS.

10-NAME OF FATHER, Wm E McCullough

11-BIRTHPLACE OF FATHER (State or Country), Iowa

12-MAIDEN NAME OF MOTHER Blanche Findlay

13-BIRTHPLACE OF MOTHER (State or Country), Iowa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W E McCullough

(Address) Valley Jct. Iowa

15- SEP 10 1916 HENRY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1916, to Sept 10 1916, that I saw him alive on Sept 10 1916, and that death occurred, on the date stated above, at 1.00 a.m.

The ~~CAUSE OF DEATH~~* was as follows:

Typhoid Fever

Coma (Duration) 2 days yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward Smith M. D.

Sept 10 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 ds. In the State Iowa yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore Md.

Former or usual residence None.

19-PLACE OF BURIAL, OR REMOVAL, Valley Jct. Iowa DATE OF BURIAL, Sept 11, 1916.

20-UNDERTAKER George A Farley ADDRESS Fulton Mo Lond[illegible]

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 98079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 C98079

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 N Columbus St.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Flanigan

(Residence in Baltimore: No. 1446 N Columbus St.; 46 yrs., — mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, September 5th, 1870.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
46 yrs. — mos. 4 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Street Sweeper.

9-BIRTHPLACE, (State or Country), Balty Md

PARENTS.

10-NAME OF FATHER, Patrick Flanigan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Mc Geoughlin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Flanigan

(Address) 1445 Columbus Ave

15-

Filed SEP 10 1916, 191.....

HARRY S. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 8th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1916, to Sept 8 1916, that I saw h— alive on Sept 8th 1916, and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) ..yrs. 15 mos. ..ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..yrs. 6 mos. ..ds.

(Signed) Stephen A Duncan M. D.

Sept 8, 1916. (Address) 2 W Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	Sept 11, 1916.
20-UNDERTAKER John Flannery & Son	ADDRESS 901 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 40 (98080)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1160 Mariconte ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M Fraser

(Residence in Baltimore: No. 1160 Mariconte St.; 47 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept 9th, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Palmer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Palmer

(Address) 1160 Mariconte

15- SEP 10 1916 Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to Sept 9 1916, that I saw h— alive on Sept 8 1916, and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Auto Intoxication

(Duration) yrs. mos. 10 ds.

(Signed) E. Vercoulan M. D.

Sept 10, 1916. (Address) 34 W Fulton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
W.M. Olivet	Sept 12 1916
20-UNDERTAKER John J. Corcoran Co	ADDRESS 701 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B

C98081 151 C98081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4030 Hyn St ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Jacks

(Residence in Baltimore: No. 4030 Hyn St St.; yrs., 4 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	single

6-DATE OF BIRTH, about 26 (Month) (Day), 1916 (Year)

7-AGE, ...yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Ferdinand Jacks

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferdinand Jacks

(Address) 4030 Hyn St

15- SEP 11 1916 191.... ROBERT R. KRAUT (Registrar)

Burial Permit (Clerk)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...about.... (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Malnutrition.....

.....

.....

..... (Duration) ....yrs. 1 ....mos. ....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Thomas Tyson Jones M. D.
(Coroner.)

Sept. 11, 1916. (Address) 16 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	Sept. 11, 1916
20-UNDERTAKER	**ADDRESS**
Trudell Lippel & Son	330 S. Bond St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

189 L98082 REGISTERED NO. C

CITY OF BALTIMORE (No. 1117 E Baltimore ST. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton L Offerman

(Residence in Baltimore: No. 1117 E Baltimore St.: 1 yrs. mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Child

6-DATE OF BIRTH: Aug (Month) 14 (Day), 1915 (Year)

7-AGE: 1 yrs. mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Sam L Offerman

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Bertha Vinisur

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Levis

(Address) 1411 Eastern Av

15. Filed SEP 11 1916, 191 ROBERT R. KRAUTS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 6th, 1916, to, Sept 10 1916, that I saw h[illegible] alive on Sept. 10, 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Immunition

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Malnutrition

(Duration) yrs. 3 mos. ds.

(Signed) M. L. Offerman M. D.

Sept. 11th, 1916 (Address) 1731 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Workmen circle Interment — DATE OF BURIAL: 9/11, 1916

20-UNDERTAKER: Jack Levis — ADDRESS: 1411 Eastern Av

Spec.—8-24-14—M. & T.—2009 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98083 C98083

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 315 N Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Brown

(Residence in Baltimore: No. 315 N. Gilmor St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1881 (Year)

7-AGE, 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Hand
(b) General nature of industry, business, or establishment in which employed (or employer). Laundress

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Brown

(Address) 315 N. Gilmor st.

15- Filed SEP 11 1916, 191.... ROBERT B. KRAUT... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 8th (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10th 1916, to Sept 8th 1916, that I saw h[illegible] alive on Sept 8th 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Uremia Nephritis

(Duration) ..... yrs. ..... mos. 30 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

9/11, 191.6. (Address) 11 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn

DATE OF BURIAL, Sept 11, 191.6.

20-UNDERTAKER Alfred J. Rueland

ADDRESS 1141 N. Schroeder st.

C98084

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 C98084

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. E Chase St St Frances Orphanage ST. 10 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Gertrude Hickney

(Residence in Baltimore: No. Cor Forrest & Chase St Frances Orphanage)

(If non-resident give STATE or COUNTRY) (Age: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6 DATE OF BIRTH Jan. (Month) 23 (Day), 1910 (Year)

7 AGE 6 yrs. 7 mos. 17 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work School Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) New York City

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mother M. Margaret O.S.D.
St. Frances' Convent
(Address) E Chase St & Forrest Pl.

15 ROBERT R. KRAUTH
Filed SEP 11 1916 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1916, to Sept 10 1916, that I saw her alive on Sept 9, 1916, and that death occurred, on the date stated above, at 12.40 a m.

The CAUSE OF DEATH* was as follows:

Catarrhal Diarrhoea
4 mo.
Malnutrition (Duration) yrs. 2 mos. ds

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) Jane F. Voeglein M. D.
Sept 10, 1916. (Address) 1028 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Sept 11, 1916.
20 UNDERTAKER	ADDRESS
Felix B. Pyc.	102 E. Mulberry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13.—M. & T.—500 Blks.

Spec.—5-19-13—M. & T.—500 Bks.

B

C98085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

C98085

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Andrew Houston

(Residence in Baltimore: No. 1615 Jefferson St.; ....yrs., 3 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Col	Infant

6-DATE OF BIRTH, June 5, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Houston

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lida Fortune

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lida Fortune

(Address) 1615 Jefferson

15-

Filed SEP 11 1916, 191.... ROBERT B. KRAUT
Registrar
Burial Permit Officer

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 1916, to Sept 10 1916, that I saw h in alive on Sept 9 1916, and that death occurred, on the date stated above, at 12.45 m.

The CAUSE OF DEATH* was as follows:

Marasmus
Syphilis Congenital
(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) W. C. Burns M. D.

Sept 10, 1916 (Address) 2218 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Sept ..., 1916
20-UNDERTAKER	ADDRESS
W. C. Gross	405 N. Eden

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98086

CERTIFICATE OF DEATH.

✓ 172

C98086

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 407 N. Exeter ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Consetta Di Paula

(Residence in Baltimore: No. 407 N. Exeter St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
+ Female	White	Widow

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE,	If LESS than 1 day,
86 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Rosario Fulco

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Dominica Scudo

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Stefano

(Address) 407 N. Exeter

15- SEP 11 1916 ROBERT B. KRAUT

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of brain
Due to Fall from Stairs accidental
2 days (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. J. Ruby M. D.
(Coroner.)

Sept 11, 191.6 (Address) 163 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Vincent Cemetery	Sept 14 1916
20-UNDERTAKER	**ADDRESS**
George L. Routt	735 Halford Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98087

CERTIFICATE OF DEATH.

61

C98087

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Tisklander

(Residence in Baltimore: No. 634 N Kenwood Ave. St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1897 (Year)

7-AGE, 19 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Carl Tisklander

11-BIRTHPLACE OF FATHER (State or Country), Finland

12-MAIDEN NAME OF MOTHER Ida Carlson

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Carl Tisklander

(Address) 634 N. Kenwood

15-

Filed SEP 11 1916 191.. ROBERT P. FRAILEY Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 6 1916, to Sept 10 1916, that I saw h[illegible] alive on Sept 10 1916, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows:

Septic Meningitis

Following Obstruction of Bowel

(Duration) ..... yrs. ..... mos. 1 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm H Lee M. D.

9/10, 1916 (Address) Waverly 2409

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 634 N. Kenwood Ave

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, Sept. 12, 1916

20-UNDERTAKER Jos. J. Kerr 1914 — ADDRESS E. Fayette

Per

17

C98088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157

C98088

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 516, Franklin Square ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Rents,

(Residence in Baltimore: No. 516 Franklin Square St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
White	White	Widower

6-DATE OF BIRTH, Oct. (Month) 30 (Day), 16 (Year)

7-AGE,	If LESS than 1 day,
49 yrs. 10 mos. 9 ds.	....hrs. or....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter, Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Geo F. Rents

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Caroline Ch[illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Hessler

(Address) 516 Franklin Sq

15- SEP 11 1916 Filed, 191... ROBERT R. KRAUTH [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide - by hanging (Strangling) with rope

Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. K. Donley (Coroner.) M. D.

191... (Address) 4 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

516 Franklin Sq

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Sept 12 1916
20-UNDERTAKER	ADDRESS
William Gore	923 W Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98089

CERTIFICATE OF DEATH.

92 ✓ C98089

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 Fleet ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kahn

(Residence in Baltimore: No. 2236 Fleet St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan (Month) 27 (Day), 1841 (Year)

7-AGE,	If LESS than 1 day.
75 yrs. 7 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Christina Kahn

(Address) 2236 Fleet St

15- FILED SEP 11 1916, 191... ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31 1916, to Sept 8 1916, that I saw him alive on Sept 8 1916, and that death occurred, on the date stated above, at 8 15 m.

The CAUSE OF DEATH* was as follows: p

Lobar Pneumonia

(Duration) ...yrs. 9 mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ...yrs. ...mos. ...ds.

(Signed) Chas. Weber M. D.

9/9/16, 191... (Address) 405 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
5th Reformed	Sept 11, 1916.
20-UNDERTAKER	**ADDRESS**
Peter Nicolaus	2046 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98090

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

CERTIFICATE OF DEATH.

C98090

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 7573 Eastern Ave ST.: 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna-Maria Apfeld

(Residence in Baltimore: No. 7573 Eastern Ave St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, August 09, 1836
(Month) (Day) (Year)

7-AGE, 80 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Apfeld

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Maria Kramer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mabel E. Apfeld

(Address) 7573 Eastern Ave

15-

Filed....., 191.... ROBERT B. KRAUT... Registrar.

SEP 11 1916 Burial Permit ISSUED

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

12 hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fatty heart & Fear

Dilatation (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Sept 9, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
5th Reformed	Sept 12, 1916
20-UNDERTAKER Peter Nicolaus	ADDRESS 2046 Eastern Ave

C98091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

C98091

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Conkline

(Residence in Baltimore: No. Gay & Lexington St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, August (Month) 1 (Day), 86 (Year)

7-AGE, 53 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John B Conkline

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Adelia Atwood

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adelia Conkline

(Address) 1213 Conkline

15- SEP 11 1916 ROBERT R. KRAUTH

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Caused by Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C K Bailey (Coroner.) M. D.

191... (Address) 4 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto. Cemetery	Sept. 11, 1916
20-UNDERTAKER	ADDRESS
Wm. C. Black	927 N. Bolton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98092

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98092

CERTIFICATE OF DEATH.

12/20

C98092

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Holly Inn ST.; 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Grace King

(Residence in Baltimore: No. Walbert Apartments St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 12 (Day), 1830 (Year)

7-AGE, 86 yrs. 1 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), New Orleans

PARENTS.

10-NAME OF FATHER, Charles Oakford

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Cornelia Palmer

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wallace King

(Address) Dept Washington

15-

Filed SEP 11 1916 ROBERT R. KRAUTH 191.....

Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1" 1916, to Sept 8" 1916, that I saw h E alive on Sept 8 1916, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. B. Hebbard M. D.

Sept 9, 1916 (Address) 1008 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery DATE OF BURIAL, Sept 11, 1916

20-UNDERTAKER Chas. G. Black ADDRESS 1201 N Milton Ave

C98093

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98093

CERTIFICATE OF DEATH.

REGISTERED No. C 105

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1562 N. Carey ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME National Hays

(Residence in Baltimore: No. 1562 N Carey St. St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Single

6-DATE OF BIRTH, March 6, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Walter Hays

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Sarah Lockley

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 1562 N. Carey

15- Filed SEP 11 1916 191... ROBERT B. KRAUTH Registrar
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Marasmus
Gastro Enteritis
Summer Complaint
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Autointoxication
(Duration) yrs. mos. ds.

(Signed) H. Walton Jr. M. D.
(Coroner)
Sept. 11, 1916. (Address) 719 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS):
At place of death.....yrs. 2 mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Born with disease

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Sept 14 1916
20-UNDERTAKER	ADDRESS
James H Dunning	1303 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

C98094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 91 C98094

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Pennsylvania ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Curry

(Residence in Baltimore: No. 811 Division St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 11, 1913.
(Month) (Day) (Year)

7-AGE, 2 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Carter Loyd

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Viola Curry

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Green

(Address) 1317 Pennsylvania Ave

15-

FILED SEP 11 1916 191.... ROBERT R. KRAUTH

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9th 1916, to Sept 9th 1916, that I saw h[illegible] alive on Sept 9th 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Edema

(Broncho-Pneumonia)

Industrial Accident 4 days

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Lues

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. Walter E. Campbell M. D.

Sept 2, 1916. (Address) 1369 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, Sept 5, 1916.

20-UNDERTAKER James R Dennis — ADDRESS 1303 Eastern

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98095

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C98095

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 722 Dolphin St St.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James S. Martin,

(Residence in Baltimore: No. 722 Dolphin St St.: 64 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: December 27, 1851 (Month) (Day) (Year)

7 AGE: 64 yrs. 8 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Swift & Co

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Culbertson Martin

11 BIRTHPLACE OF FATHER (State or country): Penna.

12 MAIDEN NAME OF MOTHER: Ellen Hays

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H. Martin

(Address) 1110 Edmondson Ave

15 SEP 11 1916 Filed ..... 1916 ROBERT R. KRAUTER. Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 10th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby. 4th, 1916, to. Sept. 9th 1916, that I saw him alive on September 1, 1916, and that death occurred, on the date stated above, at 2, P. m.
The CAUSE OF DEATH* was as follows:

Valvular disease of the heart

(Duration) ..... yrs. 7 mos. 5 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed). Louis W. Knight M. D.

Sept. 11, 1916 (Address) 414 N. Greene St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore — DATE OF BURIAL: Sept 13, 1916

20 UNDERTAKER: Robt. S. Little — ADDRESS: 531 Edmondson Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

B C98096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 C98096

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 S Belmont Av ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Brayden

(Residence in Baltimore: No. 909 S. Belmont Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, February (Month), ... (Day), 1914. (Year)

7-AGE, 2 yrs. 7 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Brayden

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Dublin Ireland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- SEP 11 1916 191.... ROBERT R. KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September Sep 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 6 1916, to Sept 9 1916, that I saw her alive on Sept 9 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) D C W Smith M. D.

Sept 10, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 909 S. Belmont Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
All Stanislaus Cem	Sep. 11, 1916
20-UNDERTAKER	ADDRESS
Stephen J Stalkowski	1012 S Eaton St

A.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C98097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 ✓ C98097

REGISTERED No. C.....

1-PLACE OF DEATH 3001 Leiton St.

CITY OF BALTIMORE: (No. Dillon and Potomac St. N. E. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mariam Grymas

(Residence in Baltimore: No. Dillon and Potomac St St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, March (Month) ..... (Day), 1916 (Year)

7-AGE, ...yrs. 5 mos. .....ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, John H. Grymas

11-BIRTHPLACE OF FATHER (State or Country), Balto City.

12-MAIDEN NAME OF MOTHER Mary M. Cardwell

13-BIRTHPLACE OF MOTHER (State or Country), Balto City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Grymas

(Address) Dillon and Potomac St.

15- SEP 11 1916

Filed ....., 191.... ROBERT R. KRAUS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 10 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to Sept 10 1916, that I saw h..... alive on Sept 9 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Illeo Colitis

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H B Wallace M. D.

Sept 10, 1916 (Address) 303 S. O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Schwartz, Cem.	Sept. 11, 1916
20-UNDERTAKER Tilly and Filer.	ADDRESS 1103 E. Monument St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98098 C98098

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1651 N. Milton Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kathleen Bridget Miller

(Residence in Baltimore: No. 1651 N. Milton Ave St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 26 (Day) 1895 (Year)

7-AGE, 20 yrs. 10 mos. 14 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John J. Quirk

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Mary E. Dixon

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jerome Miller

(Address) 1651 N. Milton Ave

15- SEP 11 1916

Filed ... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1916, to Sept 9 1916, that I saw her alive on Sept 8 1916, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) B P Herzog M D M. D.

Sept 9, 1916. (Address) 1305 N Patt Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Sept. 12, 1916

20-UNDERTAKER Tilly & Zeiler ADDRESS 1038 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98099 C98099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St.: 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Brenda (or Brunder)

(Residence in Baltimore: No. 533 S. Rose St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, ... 25 (Month) (Day) 1 (Year)

7-AGE, 34 yrs. ..... mos. 35 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frank Tewinski

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Catharine Pentonski

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Grenda

(Address) 533 S. Rose St

15- Filed SEP 11 1916, 191.... ROBERT R. KRAUT... Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept (Month) 9 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicaemia following an abortion Self induced

(Duration) 1 Day yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Tilley (Coroner) M. D.

Sept 9, 191 6 (Address) 1637 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. about 12 hrs. ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary - Cem.	Sept. 13, 1916.
20-UNDERTAKER Tully + Zeile	ADDRESS 403 S. Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2nd Rev.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98100

CERTIFICATE OF DEATH.

64 C98100

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 N. Patterson Park Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William S Smith

(Residence in Baltimore: No. 109 N. Patterson Park Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH. ..... Apr. (Month) 7 (Day), 1854 (Year)

7-AGE. 62 yrs. 4 mos. 2 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fruit Buyer
(b) General nature of industry, business, or establishment in which employed (or employer): Various Co.

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, William J. Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Annetta Meyer

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Smith

(Address) 109 N. Patterson Park Ave.

15- Filed SEP 11 1916, 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) - 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-17 1916, to 9-8 1916, that I saw h[illegible] alive on 9-8 — 1916, and that death occurred, on the date stated above, at 8 45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chr. myocarditis

..... (Duration) 10 yrs. ..... mos. ..... ds.

(Signed) J. E. Ballard M. D.

9-11, 191.6 (Address) 111 E. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, Sept. 12, 191.6

20-UNDERTAKER Willard C. Hulley — ADDRESS 221 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C98101

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 E Eager ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L Bunch

(Residence in Baltimore: No. 1930 E Eager St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 25, 1845
(Month) (Day) (Year)

7-AGE, 62 yrs. ... mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book Folder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Levin Bunch

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary L. Doft.

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Emmert

(Address) 2305 E Biddle st

15-

Filed SEP 11 1916, 191.. ROBERT R. KRAUTH
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 3 1916, to September 10 1916, that I saw h[illegible] alive on September 9 1916, and that death occurred, on the date stated above, at 7 40 A m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

..... (Duration) ....yrs. ....mos. 7 ds.

(Signed) Thomas J. Simms M. D.

Sept. 11, 1916. (Address) 1025 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, M'Harnel Cem. DATE OF BURIAL, Sept. 12, 1916

20-UNDERTAKER Albert E Hull ADDRESS 221 N Bond

R.S. ENTIRE INFORMATION SHOULD BE GIVEN EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98102 HEALTH DEPARTMENT—CITY OF BALTIMORE C98102

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 N. Milton St.; 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm W. Marshall

(Residence in Baltimore: No. 616 N. Milton Ave St.; 42 yrs., 5 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar 29th, 1874 (Month) (Day) (Year)

7-AGE, 42 yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Marine
(b) General nature of industry, business, or establishment in which employed (or employer)..... Engineer

9-BIRTHPLACE, (State or Country), Dorchester Co. Md.

PARENTS.

10-NAME OF FATHER, John R. Marshall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Edel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa M. Marshall

(Address) 616 N. Milton Ave

15- Filed SEP 11 1916 191.... ROBERT R. KRAUSE Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 8th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6th 1916, to Sept 8th 1916, that I saw him alive on Sept 7th 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

General Tuberculosis
Also Pulmonary T.B.

..... (Duration) 1 yrs. 3 mos. 8 ds.

CONTRIBUTORY (Secondary) Emaciation and Exhaustion (Duration) yrs. 6 mos. ds.

(Signed) C. L. Hammond M. D.

Sept 9, 1916 (Address) 435 South Ellwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto Com

DATE OF BURIAL, Sept 11 1916

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

110

C98103

1-PLACE OF DEATH Jno. Hopkins Hospital

CITY OF BALTIMORE: (No. Lindsay Ave. & Madison ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Bohs

(Residence in Baltimore: No. 1262 S. Robinson St.; .....yrs., ...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb (Month) 5 (Day), 1873 (Year)

7-AGE, 43 yrs. 7 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House w/f
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Julius Fink

11-BIRTHPLACE OF FATHER (State or Country), not Known

12-MAIDEN NAME OF MOTHER Margaret Fink

13-BIRTHPLACE OF MOTHER (State or Country), not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Bohs

(Address) 262 S. Robinson St.

15- Filed SEP 11 1916, 191..... ROBERT R. KRAUTH Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 9 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 8 1916, to Sept 9 1916, that I saw h[illegible] alive on Sept 9th 1916, and that death occurred, on the date stated above, at 1.30a m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Intestinal Adhesions

Operation (Duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary) Toxemia

Shock (Duration) .....yrs. .....mos. 5 ds.

(Signed) [illegible] M. D.

Sept 9, 1916 (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 1 ds. In the State .....yrs. .....mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 262 S. Robinson St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Sept 12 1916
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Frances Chmielewski -

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98104

CERTIFICATE OF DEATH.

104 C98104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 S - Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Chmielewski

(Residence in Baltimore: No. 836 S. Bond. St.: 1 yrs., 11 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 15, 1914. (Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Michael Chmielewski

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Michalak

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Chmielewski

(Address) 836 S. Bond St.

15- SEP 11 1916 Filed....., 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1-21 1916, to Sept 10 1916, that I saw him alive on Sept 9 1916, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis 9 Hrs

Collapse

(Duration) ....yrs....mos. 21 ds.

CONTRIBUTORY (Secondary) Asthma & Heart failure

(Duration) ....yrs....mos. 3 ds.

(Signed) Thos A Rustgi M. D.

9-10, 1916. (Address) 1621 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Sept. 11, 1916.

20-UNDERTAKER W. F. Sadowski ADDRESS 705 S. Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98105

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C98105

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hundertmark

(Residence in Baltimore: No. 1621 Keyser St. St. 1 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 23 (Day), 1916 (Year)

7-AGE, ...yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Frederick Hundertmark

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Bauershaft

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Hundertmark

(Address) 1621 Keyser St.

15- SEP 11 1916 ROBERT E. KRAUTH

Filed ....., 191.... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1916, to Sept. 9 1916, that I saw him alive on Sept. 9 1916, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ....yrs. ....mos. 24 ds.

CONTRIBUTORY (Secondary) Acute Inanition

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Edward J. Jacobson M. D.

Sept. 9, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 21 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 1621 Keyser St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem't — DATE OF BURIAL, Sept. 12 1916

20-UNDERTAKER R. T. Turner — ADDRESS 1442 W. Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98106 104 C98106

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georget Gore

(Residence in Baltimore: No. 437 So. Paca St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 12th 1915

(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 29 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo. K. Gore

11-BIRTHPLACE OF FATHER (State or Country), St. Louis Mo

12-MAIDEN NAME OF MOTHER Bessie E. Mayes

13-BIRTHPLACE OF MOTHER (State or Country), St Louis Mo.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. K. Gore

(Address) 437 S. Paca St.

15- SEP 11 1916 191.. ROBERT R. KRAUTS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 10, 1916

(Month) (Day) (Year)

17-) I HEREBY CERTIFY, That I attended deceased from Sept 8 1916 to Sept 10 1916, that I saw h.. alive on Sept 10 1916 and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

Intestinal decomposition

about

(Duration) ....yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward H. Smith M. D.

Sept 10, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 437 So. Paca St.

Former or usual residence 437 So. Paca St.

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem

DATE OF BURIAL, Sept. 11, 1916.

20-UNDERTAKER Wm J Ricker & Son

ADDRESS 425 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98107

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98107

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Nursery and Childs Hosp REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Gordon Isaac

(Residence in Baltimore: No. Nursery and Childs St.; Hosp ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Child

6-DATE OF BIRTH, Nov. 24, 1915 (Month) (Day) (Year)

7-AGE, 0 yrs. 9 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, H. T Isaac

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER C Gordon

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. T Isaac

(Address) 310 E North ave

15-

Filed SEP 11 1916 ROBERT R. KRAUTH Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1915, to Sept 10 1916, that I saw h[illegible] alive on Sept 10 1916, and that death occurred, on the date stated above, at 10:40 A. m.

The CAUSE OF DEATH* was as follows:

a.....

Intestinal Intoxication (Duration) .....yrs. ....., mos. ....., ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) .....yrs. ..... mos. 1 ds.

(Signed) F. Walker Thomas M. D.

Sept 10, 1916 (Address) 1228 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 9 mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Not known

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Sept 11, 1916

20-UNDERTAKER Robt Burns & Son — ADDRESS Collington & Hollins

---

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98108 C98108 64

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 E Fitting ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert B Lawton

(Residence in Baltimore: No. 423 E Fitting st. St.: 72 yrs., 2 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, ... June (Month) 16th (Day), 1844 (Year).

7-AGE,	If LESS than 1 day,
72 yrs. 2 mos. 29 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Charles B Lawton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E. Brazier

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Bertha Lawton Daughter

(Address) 423 E. Fitting

15 SEP 11 1916 ROBERT R. KRAUT

Filed ..... 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept (Month) 10th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept-6th 1916, to Sept-10th 1916, that I saw h[illegible] alive on Sept 9th 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

..... Cerebral Hemorrhage .....

.....

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Sept-10th, 1916. (Address) 142 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cem	Sept 12, 1916.
20-UNDERTAKER	ADDRESS
J. Frew McCully	39 E. Fort.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C98109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C98109

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 West West ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Brown

(Residence in Baltimore: No. 524 West West St.; ....yrs., 7 mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Feb. (Month) ..... (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 7 mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles Brown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mamie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Brown

(Address) 524 West West St.

15- Filed SEP 11 1916 191.... ROBERT R. KRAUTH Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1916, to Sept 10 1916, that I saw h e alive on Sept 9 1916, and that death occurred, on the date stated above, at 9a. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea Enteritis Marasmus C.

Prem. birth

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. 12 ds.

(Signed) C. H. Elmer M. D.

Sept 11, 1916. (Address) 1715 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Sept 11, 191....
20-UNDERTAKER John H. Toadvine	ADDRESS 1130 Mad. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98110

CERTIFICATE OF DEATH.

29 C98110

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna May Reinhart

(Residence in Baltimore: No. 2806 West Lanvale Street St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. April (Month) 16 (Day), 1914 (Year)

7-AGE. 2 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. William Reinhart

11-BIRTHPLACE OF FATHER (State or Country). United States

12-MAIDEN NAME OF MOTHER Edith Satterfield

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Reinhart

(Address) 2806 Lanvale

15- Filed SEP 11 1916, 191.... HARRY G. ANDREWS Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 8 1916, to September 10 1916, that I saw h— alive on September 10 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:
Generalized (Miliary) Tuberculosis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(Duration) ....yrs. ....mos. 14 ds.

(Signed) Gilbert W. Pearl M. D.

Sept. 10, 1916. (Address) Children's Hospital School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Johns Hop #2

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cem. DATE OF BURIAL. Sept. 12, 191...

20-UNDERTAKER Wm Cook ADDRESS 502 G. North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C98111

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98111

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 S Charles st. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth B. Keil

(Residence in Baltimore: No. 2022 S Charles st St.; ...yrs., 11 mos. 10 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept. (Month) 30 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
...yrs. 11 mos. 10 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Charles Keil

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Augusta Eichard

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Keil

(Address) 2022 S. Charles St

15- SEP 11 1916 HARRY C. ANDREWS, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept-6 1916, to Sept 10 1916, that I saw h[illegible] alive on Sept 10th 1916, and that death occurred, on the date stated above, at 10:15 P.M.

The CAUSE OF DEATH* was as follows:-

Cystitis Exulcerans

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Consumption

(Duration) ...yrs. ...mos. ...ds.

(Signed) [illegible] M. D.

Sept 10 1916. (Address) 1425 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Leeder Hall	Sept. 12, 1916.
20-UNDERTAKER Wm Cook	ADDRESS 502 North

N. B.—Each question must be answered if any answer be entirely omitted. ACCURACY in stating the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98112 HEALTH DEPARTMENT—CITY OF BALTIMORE C98112

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1062 Vine ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Robinson

(Residence in Baltimore: No. 1062 Vine St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Feb. 16, 1910
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 6 mos. 20 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Eugene Robinson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Elizabeth Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- FILED SEP 11 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Tubercular Colitis
..... (Duration) yrs. 5 mos. ds.
CONTRIBUTORY (Secondary) Bad Environment
..... (Duration) yrs. 1 mos. ds.

(Signed) James McCauley M. D.
(Coroner.)
Sept 7, 1916. (Address) 700 E. Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

COLLEGE OF P. & S. SEP 1916
Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98113 151 C98113

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Saratoga ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Kee

(Residence in Baltimore: No. 1610 Saratoga St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. 1 female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Infant

6-DATE OF BIRTH, Sept (Month) 6th (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 10 hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Alexander Kee

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Elizabeth Patterson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. J. Haddock M.D.

(Address) 117 N. Carrollton Ave

15-

Filed SEP 11 1916, 191... HARRY G. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 7th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 6th 1916, to Sept 7th 1916, that I saw her alive on Sept 7 1916, and that death occurred, on the date stated above, at 9 45 a.m.

The CAUSE OF DEATH* was as follows:

1 Mo. Premature Eaton

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Haddock M. D.

9-7-, 1916 (Address) 117 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C98114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

69 C98114

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Johnson

(Residence in Baltimore: No. 616 Jasper St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ..., 1 (Month) (Day) (Year)

7-AGE, 70 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

Filed SEP 11 1916, 191.... HARRY S. ANSELM, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 8, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30 1916, to Sept 8 1916, that I saw her alive on Sept 8 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Tuberculum
+ Epilepsy
2

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Daniel MacCormick M. D.

Sept 9, 1916 (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 616 Jasper St

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

Morgue

FOR ANATOMICAL PURPOSES.

STATE OF MARYLAND, Commissioner Health.

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT--CITY OF BALTIMORE

C98115 C98115

CERTIFICATE OF DEATH

151

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 620 St. Ann's St. ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Boby Horgest

(Residence in Baltimore: No. 620 St. Ann St St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX ~~F~~ M | 4-COLOR OR RACE W | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) S

6-DATE OF BIRTH Sept 10 (Month) / 16 (Day), 1 (Year)

7-AGE ..... yrs. ..... mos. ..... ds. | If LESS than ~~1 day, hrs.~~ or 1 min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Wm Horgest

11-BIRTHPLACE OF FATHER (State or country) Balto. Md

12-MAIDEN NAME OF MOTHER Clara Griffin

13-BIRTHPLACE OF MOTHER (State or country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15- SEP 11 1916 Filed ....., 191

HARRY C. ANDREWS
~~Burial Permit Clerk~~
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept 10 (Month) / 1916 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1916, to Sept 11/16 191, that I saw her alive on Sept 11/16, 191, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Premature birth
5 mo.

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Levy M.D.

9/11/16 (Address) 1207 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL ..... DATE OF BURIAL ....., 191

20-UNDERTAKER ..... ADDRESS .....

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98116 C98116

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruby Nelson

(Residence in Baltimore: No. 1114 Shields alley St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Single

6-DATE OF BIRTH, Not known (Month) (Day), 1916 (Year)

7-AGE, 7 yrs. 7 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Not known

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER " "

13-BIRTHPLACE OF MOTHER (State or Country). " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Resd. Mercy Hosp

(Address) Calvert St.

15-

Filed....., 191.... HARRY S. ANDREWS SEP 11 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 10 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 8 1916, to Sept 10 1916, that I saw her alive on Sept 10 1916, and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

about (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY, (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward H. Smith M. D.

Sept 11, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1114 Shields Al.

Former or usual residence 1114 Shields Al.

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C98117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71 C98117

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 776 W Saratoga St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence B. Duckett

(Residence in Baltimore: No. 776 W Saratoga St.; 31 yrs., ... mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Aug (Month) 31 (Day) 1914 (Year)

7-AGE, ... yrs. 2 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Walter C. Duckett

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E. Simon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Duckett

(Address) 776 W Saratoga St

15-

Filed SEP 11 1916 191.....

HARRY G. ANDREWS
BURIAL PERMIT

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 5 1916, to Sept 10 1916, that I saw him alive on Sept 10 1916, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

..... Hasmyc Thrombosis .....
..... Heart Failure .....
..... (Duration) yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary) ..... Heart Failure .....
..... (Duration) yrs. 3 mos. 5 ds.

(Signed) Dr. J. M. Kennard M. D.

Sept 11, 1916. (Address) 708 Eutaw St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, W. Hebrew | DATE OF BURIAL, Sept 11, 1916

20-UNDERTAKER Wm. H. Grace & Son | ADDRESS 1711 Mosher St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C96118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 C96118

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No..... Mercy Hospital ST.. 23 WARD)

2-FULL NAME. Edward F. Scott

(Residence in Baltimore: No. 1735 Clarkson St.; 6 yrs., mos. 17 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 24 (Month) (Day), 1910 (Year)

7-AGE, 6 yrs. mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Coley Scott

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Virginia Elmore

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Coley Scott

(Address) 1735 Clarkson

15- Filed SEP 11 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 11 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns: A.C. & Dentally

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Shock 2 days

(Duration)..... yrs..... mos..... ds.

(Signed) H. T. Ruby M. D. (Coroner.)

Sept 11 1916 (Address) 1637 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. 2 days In the State Life yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1735 Clarkson St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Sept 13, 1916
20-UNDERTAKER	ADDRESS
H. F. M. L. Flynn	1422 Light

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96119 C96119 113

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 E. Collington Ave. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A. Dotterweich

(Residence in Baltimore: No. 407 E. Collington Ave. St.; 48 yrs., 4 mos., 4 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 5th (Day), 1868 (Year)

7-AGE, 48 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Herman Perlich

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Caroline Weber

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C. Dotterweich

(Address) 407 E. Collington Ave

15- Filed SEP 11 1916, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Sept 9 1916, that I saw her alive on Sept 4 1916, and that death occurred, on the date stated above, at 7.35 a. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) yrs. 8 mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Waitman S. Zinn M. D.

9/11, 1916 (Address) 22 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Sept. 13., 1916
20-UNDERTAKER Fitzgerald Zink	ADDRESS 403 S. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

C98120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98120

REGISTERED No. C 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Vana

(Residence in Baltimore: No. 602 N. Milton Ave St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 26 (Day), 1893 (Year)

7-AGE, 23 yrs. 1 mos. 14 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph Vana

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Barbara Jager

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Vana

(Address) 602 N. Milton Ave

15- Filed SEP 11 1916, 191... HARRY G. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 9 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 5 1916, to Sept 9 1916, that I saw her alive on Sept 9 1916, and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. 4 ds.

(Signed) Bernard S Jacobson M. D.

Sept 9, 191.6 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 23 yrs. 1 mos. 14 ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 602 N. Milton Ave.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, Sept 12, 191.6

20-UNDERTAKER Christian Miller ADDRESS 333 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98121

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98121

CERTIFICATE OF DEATH. 1 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 N Eden ST.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adie M. Baxter

(Residence in Baltimore: No. 307 N Eden St.; 55 yrs., 10 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, October 20, 1860
(Month) (Day) (Year)

7-AGE, 55 yrs. 10 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James B. Baxter

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Holland

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. C. Baxter

(Address) 307 N. Eden St.

15-SEP 11 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 9th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1916, to Sep 9 1916, that I saw her alive on Sep 9 1916, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(b)

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. F. Baxter M. D.

Sep 10, 1916. (Address) 217 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Sept 13 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98122

CERTIFICATE OF DEATH.

104

C98122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Hanover ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt E. Garrison Jr.

(Residence in Baltimore: No. 1710 Hanover St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 11, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 5 mos. 5 ds.	....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Robt E. Garrison Sr

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Clara Louderslagon

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt E. Garrison Sr

(Address) 1710 Hanover St

15- Filed SEP 12 1916 191.... ROBERT R. KRAUTH Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Sept 10 1916, that I saw h[illegible] alive on Sept 9 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac & Pericardiac Exhaustion

.....

..... (Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) Malaria Exhaustion

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) J. F. Hasekamp M. D.

10-10-16, 191.. (Address) 1 E. Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	Sept 12, 191..
20-UNDERTAKER	ADDRESS
Wm J. O. Evans Son	1210 E. Chase St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98123

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C98123

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1808 E. Fayette ST.: 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meyer Goldstein

(Residence in Baltimore: No. 1808 E. Fayette St

St.; yrs. 24 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, ... (Month) May 1st (Day), 1864 (Year)

7-AGE,	If LESS than 1 day,
52 yrs. 1 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Joseph Goldstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Milner

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Balto St

15- Filed SEP 12 1916, 191... ROBERT R. KRAUTH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) September 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Henry Lyon Lucy M. D.
(Coroner.)

Sept 11, 1916 (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	9/12, 1916

20-UNDERTAKER	ADDRESS
Jack Lewis	1411 E Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C98124

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2128 Herbert St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Green

(Residence in Baltimore: No. 2128 Herbert St St.: yrs. 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July 2 (Month) 2 (Day) 1916 (Year)

7 AGE: yrs. 1 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
None

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Harry Smith

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Edna McGreen

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas A Hettlestoffer

(Address) 1807 N Howard

15. Filed SEP 12 1916 ROBERT R. KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1916, to Sept 11 1916.
that I saw him alive on Sept 10, 1916.
and that death occurred, on the date stated above, at 5 a.m.
The CAUSE OF DEATH* was as follows:

Intussusception

(Duration) ..... yrs. ..... mos. 24 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas A Hettlestoffer M. D.
Sept 11, 1916 (Address) 1807 N Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Sept 12, 1916

20 UNDERTAKER: H Fahey & Sons — ADDRESS: 06 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98125 79 C98125

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 S Charles St ST.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin J Rudolph

(Residence in Baltimore: No. 1214 S Charles St St.; ....yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH. June 16, 1900 (Month) (Day) (Year)

7-AGE. 16 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Martin J Rudolph

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Virginia Miller

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Virginia Rudolph

(Address) 1214 S. Charles St

15- Filed SEP 12 1916 ROBERT R. KRAUT Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept 10 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 7 1916, to Sept 10 1916, that I saw h[illegible] alive on Sept 10 1916, and that death occurred, on the date stated above, at 7 4 m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

Depression

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) 2 yrs. mos. ds.

(Signed) F J Bonvicelle M. D.

Sept 11, 1916 (Address) 187 Hurst St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, Sept 13, 1916

20-UNDERTAKER Fred. A. Frame

ADDRESS 713 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

C98126

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 531 Lafayette Ave. ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Haines.

(Residence in Baltimore: No. 531 Lafayette Ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Dec. 8, 1905
(Month) (Day) (Year)

7-AGE, 10 yrs. 9 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward A. Haines

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lucy J. Freeman

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 531 Lafayette Ave.

15- Filed SEP 12 1916, 191.... ROBERT R. KRAUTH Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Pneumonia

Abscess (Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Influenza (Duration) yrs. mos. ds.

(Signed) J. Wallace Hall M. D.
(Coroner)

Sept. 12, 1916. (Address) 519 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State None yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 531 Lafayette Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem.	Sept. 14 1916.
20-UNDERTAKER George N. McCord	ADDRESS 517 Robert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157 C98127

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Joseph Hospital ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Bammel,

(Residence in Baltimore: No. 1821 N Caroline St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, ... Feb (Month) 1 (Day), 16 (Year)

7-AGE, 45 yrs. 8 mos. 9 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Sebastin Bammel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Agnes Katz,

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Bammel

(Address) 1821 N Caroline

15. Filed SEP 12 1916, 191.... ROBERT R. KRAUTH Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide, Gargin on pipe in Cellar, Rope around neck

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A L Dunlap M. D.
(Coroner.)
....., 191... (Address) 1100 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1821 N Caroline

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	Sept. 12, 1916

20-UNDERTAKER	ADDRESS
E J Deming 1938 E	Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C98128

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 743 Eager Alley. ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Braun,

(Residence in Baltimore: No. 743 Eager Alley St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single,

6-DATE OF BIRTH, ... Jan (Month) 13 (Day), 1881 (Year)

7-AGE,	If LESS than 1 day,
34 yrs. 8 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Elevator
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt,

PARENTS.

10-NAME OF FATHER, John Braun,

11-BIRTHPLACE OF FATHER (State or Country), Balto,

12-MAIDEN NAME OF MOTHER, Mary Sauer,

13-BIRTHPLACE OF MOTHER (State or Country), Balt,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Braun

(Address) 743 Eagle Alley

15- FILED SEP 13 1916 ROBERT B. KRAUT Registrar

Burial Permit Work

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. R. Bowles (Coroner.) M. D.

..... 191... (Address) 411 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	Sept 12, 1916
20-UNDERTAKER	ADDRESS
Charles B Jones	233 N Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98129 C98129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General ST.; Hosp WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otis Lyle

(Residence in Baltimore: No. Sparrows Point St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1894 (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, D. M. Lyle

11-BIRTHPLACE OF FATHER (State or Country), Ky.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Md. Gen'l Hosp.

(Address) Reeds

15- SEP 13 1916 ROBERT R. KRAUT

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1916, to Sept. 7 1916, that I saw h[illegible] alive on Sept. 7 1916, and that death occurred, on the date stated above, at 2:25 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Primary Syphilis

Hemiplegia (Left)

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Hancock M. D.

9-7, 191.6 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 25 ds. In the State Unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown,

Former or usual residence Sparrows Point Md

19-PLACE OF BURIAL OR REMOVAL, Greensboro Kentucky

DATE OF BURIAL, Sept. 13, 191.6

20-UNDERTAKER Wm J Eichner & Sons

ADDRESS Camden-Pac

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spcc.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98130 C98130

CERTIFICATE OF DEATH.

40

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2436 Francis ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E Clarkson

(Residence in Baltimore: No. 2436 Francis St.; 17 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Feb. 14, 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Roller Hands
(b) General nature of industry, business, or establishment in which employed (or employer) Cotton Mills

9-BIRTHPLACE, (State or Country), Manlius - N.Y.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna L Clarkson

(Address) 2436 Francis St

15 SEP 12 1916 ROBERT R. KRAUTH

Filed....., 191.. Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 11, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1915, to Sept 11 1916, that I saw h-m alive on Sept 10 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

.....

..... (Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cystic Tuberculosis

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) E. Winslow Lee M. D.

Sept 14, 1916. (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Sept 13, 1916

20-UNDERTAKER J. B. Cook ADDRESS 1003 W Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98131 28 C98131

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Welkinsam ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter H Henry

(Residence in Baltimore: No. 2607 Welkinsam St.; 16 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 21, 1864 (Month) (Day) (Year)

7-AGE, 52 yrs. 6 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Officer-Abbatoir
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Elkton Md

PARENTS.

10-NAME OF FATHER, Jas Henry

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Hyatt

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary C Henry

(Address) 2607 Welkinsam St

15- Filed SEP 12 1916, 191.... ROBERT R. KRAUT... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Sept 10 1916, that I saw h[illegible] alive on Sept 10 1916, and that death occurred, on the date stated above, at 5.35 m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter H Ed M. D.

9.11, 191.. (Address) Fairmont Maryland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Elkton - Md. DATE OF BURIAL, Sept. 13., 1916.

20-UNDERTAKER J B Cook ADDRESS 1003 E. Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C98132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98132

REGISTERED No. C 150

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 208 Myrtle Ave. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Butler

(Residence in Baltimore: No. 208 Myrtle Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
F.	Color	(

6-DATE OF BIRTH, ..., 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Robt Butler

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Minnie Barnwell

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Butler

(Address) 208 Myrtle Ave

15- FILED SEP 12 1916 191.. ROBERT R. KRAUT[illegible]
Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac malformation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. ....mos. ....ds.

(Signed) Albert L. Driscoll M. D.
(Coroner.)

Sept 12, 1916. (Address) 512 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept 12, 16

20-UNDERTAKER Wm. Cannon & Son — ADDRESS 901 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98133 C98133 113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 N. Collington Ave ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Wales

(Residence in Baltimore: No. 719 N Collington Ave St.; 37 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year)

7-AGE, 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Wales

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wales

(Address) 719 N. Collington Ave

15-SEP 13 1916 ROBERT B. KRAUT

Filed ....., 191.... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 10, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 6, 1916, to Sept 10 1916, that I saw h[illegible] alive on Sept 10 1916, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Larynx

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) W. P. [illegible] M. D.

Sept. 10, 191... (Address) 2008 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Sept 13, 1916.

20-UNDERTAKER Frank Crack & Son — ADDRESS 1946 Eden Alley

A. B. Duplicate of this certificate must be filed with the undertaker. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

98134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 98134

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Wacker

(Residence in Baltimore: No. 111 W. Mulberry St.; 48 yrs., 2 mos. 21 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June 20th, 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. 2 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tracer
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R.R. Co.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Philip Wacker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Virginia Wacker

(Address) 111 W. Mulberry St.

15- SEP 13 1916 Filed ....., 191.... ROBERT R. KRAUT... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9 1916, to Sept 11 1916, that I saw him alive on Sept 11 1916, and that death occurred, on the date stated above, at 12 40 P.M.

The CAUSE OF DEATH* was as follows:

(a) Cirrhosis of Liver (Alcoholic)

(b) .....

(Duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Ordinis (Duration) .....yrs. .....mos. 2 ds.

(Signed) G. A. Lawrence M. D.

Sept. 11, 1916 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 2 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 111 W. Mulberry St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem.	Sept. 13th, 1916
20-UNDERTAKER	ADDRESS
Jos. & Thos. John H. Tevis	848 N. Fayette St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98135

CERTIFICATE OF DEATH.

79 C98135

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1722 N. Franklin ST.: 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard N. Thomas

(Residence in Baltimore: No. 1427 N. Franklin St.; yrs., 60 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Oct. 3, 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Broker
(b) General nature of industry, business, or establishment in which employed (or employer): Foyer

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mayer Engelberg

(Address) 1427 N. Franklin

15-

Filed SEP 13 1916, 191.... ROBERT R. KRAUT[illegible]

Special Permit [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock following Fracture of Left Femur

Thought to be Alcohol Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Sept. 12, 1916. (Address) 519 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Olivet Cem	Sept. 14, 1916
20-UNDERTAKER	**ADDRESS**
Jos Joerdens Son	217 S. Paca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98136

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1702 Morton ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Nobles

(Residence in Baltimore: No. 1702 Morton St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. James Nobles

(Address) 1702 West Morton St

15- SEP 13 1916

Filed ....., 191.... ROBERT [illegible]
Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 10, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an M Enquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said M Enquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

Sudden (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Riley (Coroner) ..... M. D.

Sept 10 1916 (Address) 1637 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greene Station Hathaway Co Va. DATE OF BURIAL, 9.13....., 1916.

20-UNDERTAKER Feliz B- Pyle. ADDRESS 102 E. Mulberry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98137 C98137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

174

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hosp. ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calbert. F Dunby

(Residence in Baltimore: No. 123 N Washington St.; yrs., 4½ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Mal	white	Married

6-DATE OF BIRTH. March 19, 1865 (Month) (Day) (Year)

7-AGE. 48 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hunting Portable Engines
(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. James Emby

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Emily Todd

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Emby

(Address) 123 N Washington

15- Filed SEP 13 1916, 191.... ROBERT R. KRAUT Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Spine & Rib
Accidental - Caught under
shoot of a concrete mixer
(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
(Duration) 1 yrs. mos. ½ ds.

(Signed) James M Peeler M. D.
(Coroner.)
Sept 13 1916. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Mt Carmel — DATE OF BURIAL. Sept 17, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 E Madison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C98138

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98138

CERTIFICATE OF DEATH.

40

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Mallory

(Residence in Baltimore: No. 4 Davis (Johns Hopkins Hosp.) St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Mar 10 (Month), (Day), 1886 (Year)

7-AGE, 30 yrs. 6 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housewife.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ala.

PARENTS.

10-NAME OF FATHER, Sam H Ledbetter

11-BIRTHPLACE OF FATHER (State or Country), Ala.

12-MAIDEN NAME OF MOTHER Ida Draper.

13-BIRTHPLACE OF MOTHER (State or Country), Ala.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E J Smith

(Address) Johns Hopkins Hospital

15- Filed SEP 13 1916 ROBERT R. KRAUT Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 12 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 8 1916, to September 12 1916, that I saw h[er] alive on September 12 1916, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of pharynx

(Clinical) (Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) R V Bloom M. D.

Sept 13, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Anniston Ala

19-PLACE OF BURIAL OR REMOVAL, Anniston Ala — DATE OF BURIAL, Sept 13, 1916

20-UNDERTAKER Allen E Fuller — ADDRESS 221 N Broady

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98139

CERTIFICATE OF DEATH.

90

C98139

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 E Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret R Roach

(Residence in Baltimore: No. 504 E Eager St.; 55 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Not known ....., 1 .....
(Month) (Day) (Year)

7-AGE, since 79 yrs. \ mos. \ ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Patrick Redding

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or Conntry): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Patrick Roach

(Address) 504 E Eager St

15- SEP 13 1916 ROBERT R. KRAUT
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 12th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 14 1916, to Sept 11th 1916, that I saw h[er] alive on Sept 11th 1916, and that death occurred, on the date stated above, at 2 55 A.M.

The CAUSE OF DEATH* was as follows:

1. Bronchopneumonia

30

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Senile Bronchitis

(Duration) 6 yrs. ....mos. ....ds.

(Signed) H B Saunders M. D.

Sept 13, 1916. (Address) 719 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Sept 15, 1916

20-UNDERTAKER: Henry Horck Son — ADDRESS: 130 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98140 C98140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Ellsworth St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Karas

(Residence in Baltimore: No. 2026 Ellsworth St.; 24 yrs. 11 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, October 2nd, 1891.
(Month) (Day) (Year)

7-AGE, 24 yrs. 11 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jacob Brockmeyer

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Susie Hahn

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Frank W. Karas

(Address) 2026 Ellsworth

15- SEP 13 1916 Filed ....., 191.... ROBERT R. KRAUT Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 12th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 5th 1916, to Sept 12th 1916, that I saw h[er] alive on Sept 10th 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Subacute

acute

(Duration) ....yrs. 9 mos. ....ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. M. C. Parker M. D.

Sept 12, 1916 (Address) 105 E. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL, Sept 15, 1916

20-UNDERTAKER Henry Hosck Son

ADDRESS 30 E Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98141

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98141

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 E Hoffman St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Grieb

(Residence in Baltimore: No. 2114 E Hoffman St.: 45 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, Married OR DIVORCED. (Write the word.)

6-DATE OF BIRTH, January (Month) 1st (Day), 1842 (Year)

7-AGE, 74 yrs. 8 mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing Presser
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Grieb

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Gillax

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wilhelmina Grieb

(Address) 2114 E Hoffman St.

15-

Filed SEP 13 1916 191 ROBERT R. KRAUT

Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 8 1916, to Sept. 12 1916, that I saw him alive on Sept. 12, 1916, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

Sept. 13, 1916. (Address) 1721 Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Sept. 16, 191

20-UNDERTAKER Henry Hoeck Son

ADDRESS 1301 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98142 50 C98142

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Waudby

(Residence in Baltimore: No. 1102 South Elwood Ave. St.: ..... (.....yrs.,.....mos. .....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan. (Month) 21 (Day), 1864 (Year)

7-AGE. 52 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Foreman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Balto Copper Co.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert Waudby

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Eliza Blackburn

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Waudby

(Address) 1102 S. Elwood Ave

15- Filed SEP 13 1916 191..... ROBERT R. KRAUT[illegible]

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 8 1916, to Sept 9 1916, that I saw h[illegible] alive on 4 Am 1916, and that death occurred, on the date stated above, at 4.10 pm

The CAUSE OF DEATH* was as follows:

I. Diabetic Gangrene of right leg

..... (Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicaemia

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Albert J. Chambers M. D.

Sept. 9, 1916 (Address) 1012 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State [illegible] ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence (1102 South Elwood Ave

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Sept. 13 1916

20-UNDERTAKER H. Sanders & Sons — ADDRESS 1710 Eutaw St

HEALTH DEPARTMENT--CITY OF BALTIMORE

C98143

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C98143

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 904 N Fremont St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME E. Millen Reid (Reid)

(Residence in Baltimore: No. 904 N Fremont Ave. St. 65 yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November (Month) 15 (Day), 1844 (Year)

7-AGE: 71 yrs. 10 mos. 28 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Physician & Surgeon
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Fairfield Co=Ohio

PARENTS

10-NAME OF FATHER: Thomas Reid

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Margaret M. Reid
(Address) 904 N. Fremont Ave.

15-FILED SEP 13 1916, 191 ROBERT R. KRAUT
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1916, to. Sept 12, 1916, that I saw him alive on Sept 11th, 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. 6 mos. — ds

Contributory (SECONDARY) Cerebral softening & degeneration

(Duration) — yrs. 6 mos. — ds.

(Signed) Fred H Baker M. D.

Sept 12, 1916 (Address) 1014 W Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Sept 14, 191 6

20-UNDERTAKER: J P B Cook ADDRESS: 1008 W. Baltimore St

Mary A. Mahoney.

Mary A. Mahoney.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98144 64 C98144

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME 195-8 Wallbrook ave Mary A. Mahoney.

(Residence in Baltimore: No. 195-8 Wallbrook ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, ~~Col~~ White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Apr. (Month) 30 (Day) 1877 (Year)

7-AGE, 39 yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Patrick Maloney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) 1958 N. Carey Ave

15- Filed SEP 13 1916, 191... ROBERT R. KRAUT Registrar.

Burial Permit Blank

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 11 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Few hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

(Signed) J. Wells Hupp M. D.
(Coroner.)

Sept. 13, 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence 1958 N. Carey Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Sept. 14, 19..

20-UNDERTAKER Martin Fahey & Sons ADDRESS 606 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98145 C98145

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 N Caroline ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Schneithorst.

(Residence in Baltimore: No. 715 N Caroline St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, May — (Month) (Day), 1832 (Year)

7-AGE, 84 yrs. 4 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Tuerste

(Address) 2313 E. Madison

15-SEP 13 1916

ROBERT R. KRAUT

Filed....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 11 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1916, to Sept 11 1916, that I saw h.. alive on Sept 11 1916, and that death occurred, on the date stated above, at 6.7.0 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs. ....mos. uncertain ds.

(Signed) M. D.

Sept 13., 1916. (Address) 125 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Sept. 14., 1916.

20-UNDERTAKER John Herring & Co — ADDRESS 2008 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C98146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C98146

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 817 S Ann ST. V WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Ermatowski

(Residence in Baltimore: No. 817 S Ann St

St. 24 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. ACCURATE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, ... Unknown ....., 1892
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
36 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russian Poland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ermatowski

(Address) 817 South St

15- SEP 13 1916 Filed....., 191.... ROBERT R. KRAUT Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.) find that said deceased came to death by Accident on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Fracture Carcinoma .....
.....
.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) ..... Henry Van Sickle ..... M. D.
(Coroner.)
Sept 12, 1916 (Address) 1.6.1.9 E.T. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Sept 14 1916

20-UNDERTAKER William Fiaskowski ADDRESS 1618 Eastern

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98147 151 C98147

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Aliceanna ST.; V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Czeslaw Kocent

(Residence in Baltimore: No. 1615 Aliceanna St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wh't

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sep (Month) 13 (Day), 1916 (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, ½ hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John. Kocent

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Josephine Slys

13-BIRTHPLACE OF MOTHER (State or Country), Russian Polander

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), John Kocent

(Address) 1615 Aliceanna

15-SEP 13 1916 ROBERT P. KRAUT

Filed ....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 13 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 13 1916, ~~to 191~~, that I saw him alive on Sept 13 1916, and that death occurred, on the date stated above, at 50 m.

The CAUSE OF DEATH* was as follows:

.....

.....

Congenital debility

..... (Duration) .....yrs. half hour

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

Sept 13, 1916. (Address) 248 E. Falls

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Sept 13 1916

20-UNDERTAKER Mr Falkowski — ADDRESS 1618 Eastern

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98148 64 C98148

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Whiting

(Residence in Baltimore: No. 408 N Mulberry St.: yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE	If LESS than 1 day,
74 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): West Va.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): " "

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M R Shipley

(Address) Funkstown Md

15- SEP 13 1916 Filed ....., 191... ROBERT R. KRAUT Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Bresee M. D.
(Coroner)

Sept 13, 191... (Address) 312 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Balto Cemetery	Sept 14 1916
20-UNDERTAKER	**ADDRESS**
Wm Routson	230 N Green

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98149 104 C98149

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 49 E Weyler ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Harvey Edmonds

(Residence in Baltimore: No. 49 E Weyler St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	single

6-DATE OF BIRTH, July 8, 1916. (Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Walter Edmonds

11-BIRTHPLACE OF FATHER (State or Country). Calvert Co Md

12-MAIDEN NAME OF MOTHER Annie Bowen

13-BIRTHPLACE OF MOTHER (State or Country). Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Edmonds (Mother)

(Address) 49 E. Weyler St.

15- FILED SEP 13 1916 191.... ROBERT B. KRAUT[redacted] Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1916, to Sept 12 1916, that I saw him alive on Sept 12 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

.....

.....

.....

..... (Duration) ....yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) C. H. [redacted] M. D.

Sept 13 1916. (Address) 1230 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Parker Wlf. Calvert Co Md	Sept 14..., 1916.
20-UNDERTAKER	**ADDRESS.**
Armstrong Denny Co	715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98150

CERTIFICATE OF DEATH.

C98150

1-PLACE OF DEATH Calvert and Lee Sts

CITY OF BALTIMORE: (NO. ..... ST.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sweeney,

(Residence in Baltimore: No. ~~101 N. Calvert~~ 807 N. Washington St. St.; Lifetime yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... January (Month) 29 (Day), 1896 (Year)

7-AGE,	If LESS than 1 day,
20 yrs. 7 mos. 13 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Auto Chauffer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John Sweeney

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary A McDonald.

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E. Sweeney

(Address) 807 N. Washington St.

15- Filed SEP 13 1916, 191..... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9 191/, to Sept 11 191/, that I saw him alive on Sept 11 1916, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage Bowel

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John A Evans M. D.

....., 191... (Address) 101 N Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 2 ds. In the State 20 yrs. 7 mos. 13 ds.

Where was disease contracted, if not at place of death? 807 N. Washington St

Former or usual residence 807 N. Washington St

19-PLACE OF BURIAL, OR REMOVAL. Cathedral Cem — DATE OF BURIAL, Sept. 14..., 1916.

20-UNDERTAKER Chas. F. Evans & Son — ADDRESS 118 W. Mt Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98151

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98151

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 Sargent ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry G. Franklin

(Residence in Baltimore: No. 1145 Sargent St.; 14 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July 31, 1878. (Month) (Day) (Year)

7-AGE, 38 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Carroll Co Md

PARENTS.

10-NAME OF FATHER. Regin F Franklin

11-BIRTHPLACE OF FATHER (State or Country) Carroll Co Md.

12-MAIDEN NAME OF MOTHER Annie V. Puckett

13-BIRTHPLACE OF MOTHER (State or Country). Howard Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie V. Puckett

(Address) 1145 Sargent St

15- SEP 13 1916 HARRY G. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 11, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1916, to Sept 11 1916, that I saw h-im alive on Sept 10 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs

(Duration) 7 yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) no yrs. no mos. 12 ds.

(Signed) Raymund G. Glaser M. D.

Sept 12, 1916. (Address) 201 Lemmon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn

DATE OF BURIAL, Sept 14, 1916.

20-UNDERTAKER Edmondson

ADDRESS 502 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98152

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98152

CERTIFICATE OF DEATH.

165

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2500 Greenmount ST. 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hoffman

(Residence in Baltimore: No. 2500 Greenmount ave St.; 58 yrs., 6 mos., 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 21 (Day) 1858 (Year)

7-AGE, 57 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar Tender
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Conrad Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Rausch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Hoffman

(Address) 2130 Druid ave

15- Filed SEP 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 12 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: took over-
accidental dose of
Chloral for Asthma
Hoff Asthma for 5 years
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Asthma
(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.
(Coroner.)
Sept. 13, 1916. (Address) 8 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? ....
Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	Sept. 15th, 1916
20-UNDERTAKER	**ADDRESS**
George Schilling & Sons	1126 E Monument

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98153

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98153

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Wilhelm ST.; 20 WARD) REGISTERED NO. C 40

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Albiker

(Residence in Baltimore No. 2006 Wilhelm St.; 5 yrs., mos. ds.)

CAUSE OF DEATH: In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March (Month) 27 (Day), 1857 (Year)

7-AGE,	If LESS than 1 day,
59 yrs. 5 mos. 16 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, John Albiker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Frobie Maisel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine Huber

(Address) 2006 Wilhelm [illegible]

15- Filed SEP 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1916, to Sept 11 - 1916
that I saw him alive on Sept 11 - 1916
and that death occurred, on the date stated above, at 8.25 a m.
The CAUSE OF DEATH* was as follows:

Carcinomma of Stomach

(Clinical) (Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

24 hours (Duration) yrs. mos. ds.

(Signed) E. V. Skillman M. D.

Sept. 12, 1916. (Address) 4107 Liberty Heights Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Sept. 15, 1916

20-UNDERTAKER George J. Smith — ADDRESS 1888 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C98154

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hosp ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Hall

(Residence in Baltimore: No. 1021 E Madison St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black.	Married

6-DATE OF BIRTH, May (Month) 3 (Day), 1866 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 4 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-
(b) General nature of industry, business, or establishment in which employed (or employer): work-

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Joshua Smith

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary White

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed SEP 13 1916 191.... HARRY J. ANDREWS Chief Bureau Records Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 26 191 6, to Sept. 6 191 6, that I saw her alive on Sept. 5 191 6, and that death occurred, on the date stated above, at 6.45 m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

..... (Duration) ....yrs. ....mos. 11 ....ds.

CONTRIBUTORY (Secondary) Edema of lungs

(Acute) ..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) Elmer Newcomer M. D.

9-7-, 1916 (Address) M.G. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 0

Former or usual residence 1021 E Madison St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	....., 191...
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Morgue

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98155

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98155

CERTIFICATE OF DEATH.

182

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital, WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James King

(Residence in Baltimore—No. 130 Calvin St., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M	Blk	Sgl.

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
40 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- C98154 HARRY G. ANDREWS

Filed....., 191..... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 26 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide
Pistol shot wound head
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
(Duration).....yrs.....mos.....ds.

(Signed) H. R. Gourley M. D.
(Coroner.)
....., 191... (Address) 39 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 3.57 Fulton Ave

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
PUBLIC CEMETERY	....., 19....
20-UNDERTAKER	ADDRESS

Morgue

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C98156

CERTIFICATE OF DEATH

120

C98156

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98156 120 C98156

[redacted] 'PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1300 W. Lafayette ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Utley

(Residence in Baltimore: No. 1300 W. Lafayette Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Dec. 27, 1840 (Month) (Day) (Year)

7-AGE: 75 yrs. 8 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Conn.

PARENTS

10-NAME OF FATHER: John C. Utley

11-BIRTHPLACE OF FATHER (State or country): Conn.

12-MAIDEN NAME OF MOTHER: Mary P. Richards

13-BIRTHPLACE OF MOTHER (State or country): Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert T. Utley

(Address) Norwich, Conn

SEP 13 1916 HARRY C. ANDREWS Burial Permit Clerk

Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: September 13, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1915, to Sept 13 1916

that I saw him alive on Sept 13, 1916

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arterio sclerosis

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. 4 ds.

(Signed) Herbert F. Stutzman M. D.

Sept 13, 1916 (Address) 1270 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: E. W. Mitchell Co. DATE OF BURIAL: Sept 14, 1916

20-UNDERTAKER: Norwich Conn ADDRESS: 201 W. Fayette

C98157

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98157

HEALTH DEPARTMENT—CITY OF BALTIMORE

103

C98157

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 112 E Bmr. St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertie Adams

(Residence in Baltimore: No. 1207 Argyle ave St.? yrs.,, — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, Don't know ....., 1884
(Month) (Day) (Year)

7-AGE, 32 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Thos Hall

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Hall

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Adams

(Address) 1207 Argyle ave

15- SEP 13 1916 HARRY G. ANDREWS
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cardiac dilatation Contributory Shock to the system

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Tachycardia ventricular

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Middleton M. D.
(Coroner.)

Sept 13, 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1207 Argyle ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	Sept 15, 1916
20-UNDERTAKER	**ADDRESS**
John F. Owens	1121 E. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

C98158

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98158

CERTIFICATE OF DEATH.

136

1-PLACE OF DEATH Maryland General Hospital Linden Ave. & Madison St. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ann Johnson

(Residence in Baltimore: No. 419 St Mary's St St. Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Dec. 20, (Month) (Day) 1892 (Year)

7-AGE, 23 yrs. 8 mos. 22 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Johnson

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Clorida Johnston

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Aunt Jennie Craven
(Address) 419 Saint Mary's St

15-
Filed SEP 13 1916, 191.... HARRY G. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 5 1916, to Sept 11 1916, that I saw her alive on Sept 11 1916, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:
Pregnancy complicated by Toxemia
(Caesarean Operation)
(Duration) ... yrs. 9 mos. 2 ds.

CONTRIBUTORY (Secondary) Puerperal Shock
(Duration) ... yrs. ... mos. 2 dr.

(Signed) Elmer Nesbitt M. D.
9-12-, 1916 (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 6 ds. In the State Life ... mos. ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence 419 St. Mary's St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Sept 14, 1916

20-UNDERTAKER Wm Robert A Elliott — ADDRESS 504 East St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

over

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

098159 63† 098159

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrance City

(Residence in Baltimore: No. 501 N Stricker St.; 1 yrs. 2 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, December (Month) 1 (Day), 1914 (Year)

7-AGE, 1 yrs. 9 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frank City

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank City

(Address) 501 N. Stricker St.

15- SEP 13 1916 Filed, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 12 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 10 1916, to Sept 12 1916, that I saw h in alive on Sept 12 1916, and that death occurred, on the date stated above, at 8:30 p m.

The CAUSE OF DEATH* was as follows:

Acute Anterior Poliomyelitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert W. Prentiss M. D.

Sept. 13, 1916 (Address) Children's Hosp. School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 501 N Stricker St.

Former or usual residence 501 N Stricker St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Sept 13 1916

20-UNDERTAKER Robt S Simon ADDRESS 1441 N. Bdy.

G. P. M.

C96160 104 C96160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 520 N Bradford ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Davis

(Residence in Baltimore: No. 520 N Bradford St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Mld	Blk	Bach

6-DATE OF BIRTH, Feb 19, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 5 mos. 23 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto,

PARENTS.

10-NAME OF FATHER, Edw Davis

11-BIRTHPLACE OF FATHER (State or Country), Balto,

12-MAIDEN NAME OF MOTHER Hattie Davis

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E W Davis

(Address) 520 N Bradford

15- SEP 14 1916 Filed....., 191.....

ROBERT R. KRAUT Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Contusion 1

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) C A Gruber (Coroner) M. D.

....., 191... (Address) 1600 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Sept 14, 1916

20-UNDERTAKER Milton Davis ADDRESS 1608 N Eldery St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98161

63+ C98161

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Williams

(Residence in Baltimore: No. 1535 Division St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fe

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 10 (Month) 25 (Day), 1914 (Year)

7-AGE, 1 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harry Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Grace Bagley

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Williams

(Address) 1535 D. H. Ave

15-

Filed SEP 14 1916, 191.... ROBERT R. KRAFFT Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) 13 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 12 1916, to Sept 13 1916, that I saw her alive on Sept 13 1916, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH was as follows:

Infantile paralysis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. Garland Linguell M. D.

Sept 13, 1916. (Address) 1534 D. H Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, 9/14, 1916

20-UNDERTAKER Samuel T Hawley

ADDRESS 578 W. Baltimore

10 a m-

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98162

C98162

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Montford Ave Ward 6)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Shaney

(Residence in Baltimore: No. 128 N. Montford Ave St.; life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, April 7, 1851
(Month) (Day) (Year)

7-AGE, 65 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Alexander Shaney

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Shaney

(Address) 128 N. Montford Ave

15- Filed SEP 14 1916 ROBERT R. KRAUSE Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1916, to Sept 11 1916, that I saw h.. alive on Sept 11 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease of C

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. C. Kelly M. D.

Sept 11 1916 (Address) 1200 E. Pratt St.,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Sept 13 1916

20-UNDERTAKER H. Sander & Sons — ADDRESS 1110 E. Pratt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98163

CERTIFICATE OF DEATH.

C98163

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 E. 25th. ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Grace Schultz

(Residence in Baltimore: No. 407 E. 25th. St.; 9yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 7, 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. 0 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard McElwee

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Elizabeth Cain

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry A. Schultz

(Address) 3rd Ave. Morris Ave.

15. SEP 14 1916 Filed....., 191.... ROBERT R. KRAUT... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 12, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1915, to Sept. 12 1916, that I saw h.. alive on Sept. 12 1916, and that death occurred, on the date stated above, at 9.35 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis
(Not Tubercular)
with Bronchiectasis

(Duration) 2 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Dilation Right Ventricle

(Duration) yrs. about mos. One ds.

(Signed) Harrison H. Cooper M. D.

Sept 12, 191.. (Address) 2425 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, London Park Cemetery DATE OF BURIAL, Sept. 14, 191..

20-UNDERTAKER Geo. White & Son ADDRESS 2503 Edmondson Ave.

CAUSE OF DEATH must be plainly stated, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98164 B C98164 81

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 S Parrish ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Hulls

(Residence in Baltimore: No. 313 S Parrish St. life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 1 (Day), 1835 (Year)

7-AGE, 81 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Dand

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Miller

(Address) 313 S. Parrish

15- FILED SEP 14 1916, 191... ROBERT B. KRAUT Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 13 (Day) 3:30 AM (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1916, to Sept 13 1916, that I saw h[illegible] alive on Sept 12 1916, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(Duration) yrs. 10 mos. ds.

(Signed) E. V. Nicholson M. D.

Sept 13, 1916. (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Sept 15, 1916.

20-UNDERTAKER Geo Weber & Son 2503 — ADDRESS Edmondson

Burial Permit Clerk

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—C-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98165 — REGISTERED NO. C 91 — C98165

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 247 N. Bruce ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Bernard Catlin

(Residence in Baltimore: No. 247 N. Bruce St.; — yrs., 6 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March — 13 —, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. —— da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Benjamin Catlin

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Catlin

(Address) 247 N. Bruce St.

15- SEP 14 1916 Filed....., 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. — 13 —, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8:30 Sept. 13 1916, to 12:30 Sept. 13 1916, that I saw him alive on Sept. 13, 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchs-Pneumonia caused by Exposure to dampness, cold Etc., and changes of Weather (Duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary) Neglected Tuberculosis Treatment for Three Days (Duration) — yrs. mos. 3 da.

(Signed) W. H. Montague M. D.

Sept. 13, 1916 (Address) 302 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residance

19-PLACE OF BURIAL OR REMOVAL, [redacted] DATE OF BURIAL, Sept. 16 191 6

20-UNDERTAKER Willard Brown ADDRESS 200 [illegible] Mount St.

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

MA V 555 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98166

CERTIFICATE OF DEATH.

40 C98166

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Ettinger ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie M. Block

(Residence in Baltimore: No. 1719 Ettinger St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Cd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie M. Block

(Address) 1719 Ettinger St

15- Filed SEP 14 1916 191 ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 11, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 11th 1916, to Sept. 11th 1916, that I saw h[illegible] alive on Sept 11th 1916, and that death occurred, on the date stated above, at 11.01 m.

The CAUSE OF DEATH* was as follows:

Carcinoma

Pelvis & Complete

Obstruction (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. [illegible] M. D.

9/13, 1916 (Address) 724 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Sept. [illegible], 1916

20-UNDERTAKER James H. Dumas

ADDRESS 303 Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C98167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 V C98167

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1425-N. Vincent ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mauk,

(Residence in Baltimore: No. 1425-N. Vincent St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1867 (Year)

7-AGE,	If LESS than 1 day,
49 yrs. 6 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Mauk

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Gray

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother

(Address) Riverton Towne, Md.

15- SEP 14 1916 ROBERT R. KRAUTH

Filed ....., 191.... Burial Permit ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: accidentally run over by Electric Truck - by falling from Electric Truck

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cut

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

Sept. 12, 1916 (Address) 519 N Eaton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State None yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1425 N. Vincent

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Sept 15 19....

20-UNDERTAKER	ADDRESS
James H Dennis	1303 Eastern

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—S-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98168

CERTIFICATE OF DEATH.

79 C98168

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 S Sharp ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevie Geppe

(Residence in Baltimore: No. 411 S. Sharp St.; ....yrs.,.... mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 25 (Day) 1899 (Year)

7-AGE, 16 yrs. 9 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School girl
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, John Geppe.

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Giovannina Manta

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Dimaro

(Address) 226 S Howard str

15- FILED SEP 14 1916 ROBERT R. KRAUT Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 13 (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4th 1916, to Aug 13th 1916, that I saw h[illegible] alive on Aug 13th 1916, and that death occurred, on the date stated above, at 12.50 P.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) yrs. mos. 1 ds.

(Signed) S. Dimaro M. D.

9-13, 1916 (Address) 600 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral cemetery DATE OF BURIAL, Sept 15 1916

20-UNDERTAKER John L Galvin ADDRESS 1318 Light St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98169

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C98169

REGISTERED NO. C

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1812 N. Duncan ST. 8 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Wheatley

(Residence in Baltimore: No. 1812 N. Duncan St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 1 (Day), 1885 (Year)

7-AGE: 31 yrs. 2 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Batter
(b) General nature of industry, business, or establishment in which employed (or employer): in Brewery

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: James W Wheatley

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Amos

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James W Wheatley

(Address) 1024 Argyle

15. SEP 14 1916 Filed, 191 ROBERT B. KRAUTH Deputy For REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 12 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from May, 1915, to Sept 12 1916, that I saw him alive on Sept 12, 1916, and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Ayrs. 16 mos. ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. ds.

(Signed), Hubert B. Krauth M. D.

Sept 12, 1916 (Address) 1216 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral DATE OF BURIAL: Sept 15, 1916

20-UNDERTAKER: Roth & Sumwalt ADDRESS 1424 Bway

C98170

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C98170

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2010 Hollins St St. 20 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elmer Leroy Thompson

(Residence in Baltimore: No. 2010 Hollins St. St.; yrs. 4 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	Single.

6 DATE OF BIRTH: May 5, 1916 (Month) (Day) (Year)

7 AGE: ..... yrs. 4 mos. 7 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Geo. W. Thompson

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Anna May Bonsall

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna May Thompson

(Address) 2010 Hollins St

15 Filed SEP 14 1916 ROBERT R. [illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 12, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1916, to Sept 12 1916, that I saw him alive on Sept 12, 1916, and that death occurred, on the date stated above, at 4 PM. The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E Hilles Hunting M. D.

Sept 12, 1916 (Address) 2000 Hollins St,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Int Olivet | DATE OF BURIAL: Sept 14 1916

20 UNDERTAKER: Geo L. Schnabel Bro | ADDRESS 2101 Eutaw Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D C98171 — 28 C98171

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Race ST.; 23 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Caville

(Residence in Baltimore: No. 1511 Race St St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 29 (Day), 1885 (Year)

7-AGE, 30 yrs. 10 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Galvanizing
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Martin F. Caville

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Ellen Donovan.

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Caville

(Address) 1511 Race St

15- Filed SEP 14 1916, 191... ROBERT B. [illegible] Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1913, to Sept 13 1916, that I saw h[illegible] alive on Sept 13 1916, and that death occurred, on the date stated above, at 11 1 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lungs

7 mo. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhumation

(Duration) yrs. mos. 3 ds.

(Signed) J. C. [illegible] M. D.

191... (Address) 1 W 20 St. Clair

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Patricks Cem	Sept. 16, 1916
20-UNDERTAKER	ADDRESS
Williams Cook	502 E North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98172

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98172

CERTIFICATE OF DEATH.

B 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. The Walpert apts Chestnut St. 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Malcolm E. Douglas.

(Residence in Baltimore: No. 12 York Court Guilford St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widow

6-DATE OF BIRTH, Aug. (Month) 15 (Day), 1847 (Year)

7-AGE, 69 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maine

PARENTS.

10-NAME OF FATHER, Saml. Douglas

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. L. H. Douglas

(Address) 12 York Court

15- Filed SEP 14 1916, 191.... ROBERT R. CRAIG Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Arrest

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. T. Riley M. D.
(Coroner.)

Sept 13, 1916 (Address) 1639 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	Sept. 16, 1916
20-UNDERTAKER	ADDRESS
Wm Cook	502 E Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mar 6234

98173

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

4V 98173

REGISTERED NO. C.....

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1633 Orleans St.: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Harrison

(Residence in Baltimore: No. 1633 Orleans St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE: 44 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Female
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Emanuel Fortune

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Lettie Sanders

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benjamin Harrison

(Address) 1633 Orleans St

15

Filed SEP 14 1916, 191 ROBERT R. [illegible]

Burial Permit

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1916, to Sept 13 1916, that I saw h[illegible] alive on Sept 12, 1916, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix Uteri Microscopic Exam.

Indefinite (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Edward Fiske M. D.

Sept 14, 1916. (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence [illegible]

19-PLACE OF BURIAL OR REMOVAL: Essex Co Va

DATE OF BURIAL: Sept 14, 1916

20-UNDERTAKER: John W Henderson

ADDRESS: 317 Cardnet

C98174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 134 C98174

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5693 Bressman St. Extended St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Arnold.

(Residence in Baltimore: No. Bressman St Extended St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, March 4 (Month) (Day) 1884 (Year)

7-AGE,	If LESS than 1 day,
32 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Duplex

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) Bressman St Extended

15- Filed SEP 14 1916, 191.... ROBERT R. KRAUTZ Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burn (1st) from Explosion of Gasoline, Acute Nephritis 2 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) J. M. Mullaney M. D.
(Coroner.)

Sept 14 1916 (Address) 814 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds. None

Where was disease contracted, if not at place of death? Bressman St Extended

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Western Cemetery DATE OF BURIAL Sept 16, 19...

20-UNDERTAKER Wm Cook ADDRESS 562 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

98175 B 91 098175

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 S. Robinson ST.) 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reida Brandau

(Residence in Baltimore: No. 227 S. Robinson St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept. 12, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Howard B. Brandau

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Margaret Kaiser

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard B. Brandau

(Address) 227 S. Robinson

15- Filed SEP 14 1916 191.. ROBERT R. KRAUT[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 12 1916, to Sept 14 1916, that I saw her alive on Sept 13 1916, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H B Sutlow M. D.

Sept 14, 1916. (Address) 3035 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Patricks	Sept 14 1916
20-UNDERTAKER Zurkler & Zurkler	ADDRESS 1737 E. Eager

CAUSE OF DEATH must be plainly stated, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Mrs. Geo. L. Yeo.

HEALTH DEPARTMENT---CITY OF BALTIMORE

Mrs J. Dwyer

HEALTH DEPARTMENT---CITY OF BALTIMORE

B 98176 S1405

40 098176

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1020 Wilkens ST.: 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Dwyer

(Residence in Baltimore: No. 1020 Wilkens St.; 2 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 19 (Day), 1874 (Year)

7-AGE: 42 yrs. 3 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.

8-OCCUPATION
(a) Trade, profession or particular kind of work: Capt. of Steamboat
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): St Marys Co.

PARENTS

10-NAME OF FATHER: Wm Dwyer

11-BIRTHPLACE OF FATHER (State or country): St. Marys Co.

12-MAIDEN NAME OF MOTHER: Martha Harris

13-BIRTHPLACE OF MOTHER (State or country): St. Marys Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Dwyer

(Address) 1020 Wilkens

15-SEP 14 1916 ROBERT B. KRAUT

Filed ..... 191 ..... Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. (Month) 13 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1916, to Sept. 13 1916, that I saw him alive on Sept. 13, 1916, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Operation (Duration) unknown yrs ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) C. [illegible] M. D.

Sept 14, 1916 [Address] 1234 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Solomons Md.

DATE OF BURIAL: 9/16 191 6

20-UNDERTAKER: J. F. McCully

ADDRESS: 39 E. Fort

N. B.—Every question must be answered in each case. If the exact information cannot be obtained, the best possible answer must be given. Write plainly in ink. Do not use abbreviations. Any physician who refuses or neglects to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Spec.—5-19-13—M. & T.—500 Bks.

C98177

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98177

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 1155 Carroll St.; 21 WARD)
REGISTERED NO. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa E Wagner.
(Residence in Baltimore: No. 1155 Carroll St.; 57 yrs., 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married
6-DATE OF BIRTH, Feb. 17, 1864 (Month) (Day) (Year)
7-AGE 52 yrs. 6 mos. 27 ds.
If LESS than 1 day, ...hrs. or ....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
9-BIRTHPLACE, (State or Country), Baltimore Md
PARENTS.
10-NAME OF FATHER, Jos Beine
11-BIRTHPLACE OF FATHER (State or Country). Germany
12-MAIDEN NAME OF MOTHER Mr Knowth
13-BIRTHPLACE OF MOTHER (State or Country). Md
14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Geo Wagner
(Address) 1155 Carroll St
15-Filed SEP 14 1916, 191.... ROBERT R. KRAUT
Burial Perm Registered

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 13, 1916 (Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from Apr 23 1916 to Sept 13 1916, that I saw h alive on Sept 12 1916, and that death occurred, on the date stated above, at 9 a.m.
The CAUSE OF DEATH* was as follows:
Cortical Epilepsy
(Duration) 2 yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.
(Signed) C. Lucy Schwartzbauer M.D.
Sept 13 191.. (Address) 1132 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral
DATE OF BURIAL, Sept 15, 1916.
20-UNDERTAKER Jos B Cook
ADDRESS 109 West Baltimore St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98178

CERTIFICATE OF DEATH.

104 98178

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 N Dallas ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Scroggs

(Residence in Baltimore: No. 1830 N. Dallas st. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Single

6-DATE OF BIRTH, May 13 (Month) (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 4 mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Scroggs

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Miller

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Scroggs

(Address) 1830 N Dallas st

15- SEP 14 1916 191. ROBERT R. KRAUTH Registrar. DEATH PERMIT Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 14 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9 1916, to Sept 14 1916, that I saw him alive on Sept 13 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

acute gastro-intestinal intoxication

(Duration) ....yrs. ....mos. 4 ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John W Davidson M. D.

Sept 14, 191.6 (Address) 1714 N Caroline st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hiss Cemetery	Sept 16, 191..
20-UNDERTAKER George J. Ruth	ADDRESS 1735 Harford Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Irene P. McCall.

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C98179

C98179

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 N. Chapel ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene P. McCaul

(Residence in Baltimore: No. 1502 N. Chapel St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... (Month) 19 (Day), 1916 (Year)

7-AGE, ...yrs. 7 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas N. McCaul

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary N. Hewitt

13-BIRTHPLACE OF MOTHER (State or Country), Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles McCall

(Address) 1502 N. Chapel St.

15-

Filed SEP 14 1916, 191... ROBERT B. KRAUT

Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Sept 13 1916, that I saw her alive on Sept 11 1916, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

.....)

..... Marasmus

.....

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

..... (Duration) ....yrs. 2 mos. ....ds.

(Signed) ..... M. D.

Sept 14, 191.6 (Address) 1823 N. Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cem.	Sept 15, 191...
20-UNDERTAKER	ADDRESS
G. J. Kraut	1735 Hoyard

important. See instructions on back of certificate.

NN 2900

C98180

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 C98180

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2112 Brookfield ave ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanch M Stocksdale

(Residence in Baltimore: No. 2112 Brookfield St.; Female yrs. 45 mos. 3 ds. 6)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: June 8 (Month), 1871 (Day), (Year)

7-AGE: 45 yrs. 3 mos. 6 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Train Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Balto Co Md

PARENTS

10-NAME OF FATHER: Gyage W. Stocksdale

11-BIRTHPLACE OF FATHER (State or country): Carroll Co Md

12-MAIDEN NAME OF MOTHER: Cayanna Stonesifer

13-BIRTHPLACE OF MOTHER (State or country): Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Evga Stocksdale

(Address) Reisterstown

15 FILED SEP 14 1916 — 191—

ROBERT R. KRAUT
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15 , 1916 , to. Sept 14 1916 that I saw h- alive on Sept 13 , 1916. and that death occurred, on the date stated above, at 10 a m. The CAUSE OF DEATH* was as follows:

Cancer of Kidney

Operation (Duration) 5 yrs. 6 mos. ds

Contributory (SECONDARY) Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

(Signed) C. M. McElwee M. D.

Sept 14, 1916 (Address) 1415 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Reisterstown

DATE OF BURIAL: Sept 15, 1916

20-UNDERTAKER: J. F. Edwards

ADDRESS: Reisterstown

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 98181

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 648 W. Lombard ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha E Walker

(Residence in Baltimore: No. 648 W Lombard St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Dec 4, 1866
(Month) (Day) (Year)

7-AGE 49 yrs. 9 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Albert Walker
(Address) 648 W Lombard St.

15- Filed SEP 14 1916 191... ROBERT R. KRAUT... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 12, 191 6
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Valvular heart trouble
(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration)....yrs....mos....ds.

(Signed) Albert L. Driscoll M. D.
(Coroner)
Sept 14, 191 6 (Address) 312 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, Sept 15, 1916

20-UNDERTAKER John J Fields — ADDRESS 1210 W Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98182 C98182 102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 N. Milton ave ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry W Emerson

(Residence in Baltimore: No. 1106 N Milton ave St.; 57 yrs., 7 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. May 23 (Month) (Day) 1859 (Year)

7-AGE, 57 yrs. 7 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Professor of Music
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Portsmouth

PARENTS.

10-NAME OF FATHER. Thos Emerson

11-BIRTHPLACE OF FATHER (State or Country). Portsmouth

12-MAIDEN NAME OF MOTHER Sarah Cummings

13-BIRTHPLACE OF MOTHER (State or Country). Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beatrice W Emerson

(Address) 1106 N Milton ave

15- Filed SEP 14 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 13 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 8th 1916, to Sept 13th 1916, that I saw h[illegible] alive on Sept 13 1916, and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Ulceration of Intestines (Large)

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Perforation of Peritonitis

(Duration) 0 yrs. 0 mos. 3 ds.

(Signed) Albert L. Levy M. D.

9/14/16, 191... (Address) 1207 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Sept 16 1916

20-UNDERTAKER Hoffman & Timmerman

ADDRESS 1424 N Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Ella Closeit.

Spec.—8-24-14—M. & T.—2000 Bks.

Ella Croser.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98183

104

C98183

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2529 Fait Ave. St.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Croser

(Residence in Baltimore: No. 2529 Fait ave. St.; .....yrs., 40 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct (Month) 16 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 10 mos. 29 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Albert Croser

11-BIRTHPLACE OF FATHER (State or Country). Poland Austria

12-MAIDEN NAME OF MOTHER Mary Chester

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..William Croser.

(Address).....2529 Fait Ave

15- SEP 14 1916 Filed....., 191.... HARRY G. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9th 1916, to Sept 13 1916, that I saw h[illegible] alive on Sept 13 1916, and that death occurred, on the date stated above, at 10.10 a.m.

The CAUSE OF DEATH* was as follows:

.....Contusion, Colitis Colitis....

.....

.....

..... (Duration).....yrs.....mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia Broncho

..... (Duration).....yrs.....mos. 2 ds.

(Signed)...Thos A Butler M. D.

Sept 14, 1916. (Address)..1621 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Sept. 15, 1916.

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Linn St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98184 C98184

CERTIFICATE OF DEATH.

167

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Park Heights ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Elizabeth Grace Atkinson

(Residence in Baltimore: No. 3502 Park Heights ave St.; 7 yrs., 1 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 31 (Day), 1909 (Year)

7-AGE, 7 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joseph M. Atkinson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Blanch P. Parks

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Atkinson

(Address) 3502 Park Heights Ave

15- Filed SEP 14 1916, 191.... HARRY G. ANDREWS Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 11 1916, to Sept. 12 1916, that I saw her alive on Sept 12 1916, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows: Accident

Traumatic Shock following severe burns of Trunk and legs (over) (Duration)....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) Accidentally Burns while playing around bonfire (Duration)....yrs....mos....ds.

(Signed) James S. Ashcraft M. D.

Sept 14 1916 (Address) 1012 Park Heights

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, Sept 15, 1916

20-UNDERTAKER Geo. Rosef ADDRESS 1442 N Gay

over

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

C98185 28 C98185

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Chestnut Avenue St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Harrison Pearson

(Residence in Baltimore: No. 3315 Chestnut Avenue St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November 29, 1888 (Month) (Day) (Year)

7-AGE: 27 yrs. 9 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter (House)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Maryland

PARENTS

10-NAME OF FATHER: Levi Pearson

11-BIRTHPLACE OF FATHER (State or country): Indiana

12-MAIDEN NAME OF MOTHER: Urith Hayward

13-BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. Bradford

(Address): 3315 Chestnut Ave.

15- Filed SEP 14 1916, 191 HARRY G. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: September 13, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1916, to, September 13, 1916, that I saw him alive on September 12 1916, and that death occurred, on the date stated above, at 12.30 Am.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yr mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A. J. Davis M. D.

Sept 13 1916 [Address] 2032 N 33rd St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery DATE OF BURIAL: Sept 15 1916

20-UNDERTAKER: A. S. Marshall ADDRESS: 3539 Falls Road.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 96186 B C 96186 28

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Bruce

(Residence in Baltimore: No. 517 Mount St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 8, 1899 (Month) (Day) (Year)

7-AGE, 16 yrs. 9 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Contract Work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John W. Bruce

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Frances Powell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed SEP 14 1916 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1st 1916, to September 14 1916, that I saw h er alive on September 14 1916, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs, pleura and peritoneum

(Duration) — yrs. 2 mos. — ds.

CONTRIBUTORY, (Secondary) Ulceration due to tuberculosis of intestine & glands

(Duration) — yrs. — mos. 7 ds.

(Signed) Alan C. Sutton M. D.

Sept. 14, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 30 ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 517 Mount St

19-PLACE OF BURIAL OR REMOVAL, Freetown M.E. Cem. DATE OF BURIAL, Sept. 17, 1916

20-UNDERTAKER Easton Bros. ADDRESS Ellicott City

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96187 — 120 — C96187

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 McCulloh ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Starke

(Residence in Baltimore: No. 1211 McCulloh St.; 60 yrs., 6 mos., 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, June 11, 1847
(Month) (Day) (Year)

7-AGE, 68 yrs. 10 mos. 2 ds.
If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, F. Starke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Oppenheim

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Starke

(Address) 1211 McCulloh

15-

Filed SEP 14 1916, 191.....

HARRY S. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to Sept 13 1916, that I saw h[illegible] alive on Sept. 12 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Cirrhosis of Liver

(Duration) 2 yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) [illegible] yrs. [illegible] mos. 6 ds.

(Signed) R. J. Barrett M. D.

9-14, 1916 (Address) 1621 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ahel Shalom

DATE OF BURIAL, Sept 15, 1916

20-UNDERTAKER Darr & Sondheim

ADDRESS 1184 Mt Royal

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98188 C98188

CERTIFICATE OF DEATH.

REGISTERED NO. C 63+

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Starkey School St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Gray

(Residence in Baltimore: No. 1807 Division St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 1912, 1 (Month) (Day) (Year)

7-AGE, 4 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Irving Gray

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Locks

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Locks

(Address) 1807 Division St

15- Filed SEP 14 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 13, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 11 1916, to Sept. 13 1916, that I saw h[illegible] alive on Sept. 13 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute ascending Polio myelitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

Bronchopneumonia (Duration) yrs. mos. 1 ds.

(Signed) Gilbert W. Rosenthal M. D.

Sept. 14, 1916 (Address) C. Philip's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Address above

Former or usual residence 1807 Division St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, 9/15/1916

20-UNDERTAKER Samuel Hawley ADDRESS 578 Monroe

6 30 P.M.

important. See instructions on back of certificate.

C95189

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95189

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 821, W. 35th St.; 13th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Allison

(Residence in Baltimore: No. 821 W. 35th St.; yrs 22 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Feb. (Month) 18 (Day), 1840 (Year)

7-AGE.	If LESS than 1 day,
76 yrs. 6 mos. 26 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Co Md

PARENTS.

10-NAME OF FATHER. John J Morris

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Charlotte Wilson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A S Allison

(Address) 821 W. 35th St

15-

Filed SEP 14 1916 191

MARY O ANDREWS

Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 14 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wm. J. Morrison (Coroner) M. D.

Sept 15 1916 (Address) 303 N. Paca

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Leland Balto Co Md

DATE OF BURIAL. Sept 16. 1916

UNDERTAKER. V J Marshall

ADDRESS. 3539 Falls Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

098190 HEALTH DEPARTMENT—CITY OF BALTIMORE 098190

CERTIFICATE OF DEATH. 182

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 6 W. York St. ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Lievers.(C)

(Residence in Baltimore: No. 914 Peach Al. St.; yrs., 27 mos. 28 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single.

6-DATE OF BIRTH, August 15. 1889., 1 (Month) (Day) (Year)

7-AGE, 27 yrs. - mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevadore.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Frank Lievers.(C)

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. Md.

12-MAIDEN NAME OF MOTHER Margaret E. Allsup.(C)

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret E. Lievers.(C) Mother.

(Address) 158 W. Hamburg St.

15- FILED SEP 15 1916 191 ROBERT R. KRAUT Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 12. 1916., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & (Inquest or Autopsy) thereon and from the evidence obtained by said Inquest & Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage due to a Pistol shot wound in the breast. Homicide.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) (Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Sept 14, 1916 (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Sept. 15., 1916

20-UNDERTAKER J. L. Burns & Son — ADDRESS 108 W Montgomery

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

13 C98191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C98191

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1005 N. Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Murphy.

(Residence in Baltimore. No. 1005 N. Lombard St. St.; —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) 14. (Day), 1862 (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Steel Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, John Murphy.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary Bryant.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Murphy

(Address) 1005 N. Lombard St.

15- SEP 15 1916 Filed....., 191.....

ROBERT E. KRAFT

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 14. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 12 1916, to Sept. 14 1916, that I saw him alive on Sept. 13, 1916, and that death occurred, on the date stated above, at 5:45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 11 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. F. O'Brien, M. D.

Sept 14, 1916 (Address) 1854 N. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL, Sept. 14, 1916

20-UNDERTAKER John J. Cowan

ADDRESS 901 Hollins St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98192

CERTIFICATE OF DEATH.

151 C98192

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 W. 40 St ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Harris

(Residence in Baltimore: No. 905 W 40th St St.; ..yrs.. mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 29, 1916 (Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work 0
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto City

PARENTS.

10-NAME OF FATHER, Edward Harris

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Moller Yingling

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. Harris

(Address) 905 W 40 St

15- Filed SEP 15 1916 191.. ROBERT R. KRAUT Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29 1916, to Sept 13 1916, that I saw her alive on Sept 13 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Inanition

(Duration) ..yrs. ..mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) J. Thos. J. Mossmore M. D.

Sept 15, 1916 (Address) 362 N Robinson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hompden

DATE OF BURIAL, Sept 15 1916

20-UNDERTAKER Chenoweth & Son

ADDRESS Chestnut Ave

important. See instructions on back of certificate.

C98193

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2340 Stocklon St.; 15 Ward)

Registered No. C 91 C98193

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon Carter.

(Residence in Baltimore: No. 2340 Stocklon St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept 13, 1914 (Month) (Day) (Year)

7-AGE: 2 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Nom
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Buck Carter

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Susie Gold

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Buck Carter

(Address) 2340 Stocketon

15- SEP 15 1916 Filed ... 191- ROBERT R. KRA... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1916, to Sept 14 1916, that I saw h[illegible] alive on Sept 14, 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. ... mos. 4 ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) J A Nelson M. D.

Sept 14 1916 (Address) 1303 N. North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Sept 16, 1916

20-UNDERTAKER: James H Dunn — ADDRESS: 1303 Pulaski

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C98194

1-PLACE OF DEATH

CITY OF BALTIMORE (No. ~~1523~~ 1523 Winchester St.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Nunas

(Residence in Baltimore: No. 1523 Winchester St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Aug 31, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Anon Nunas

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Alice Curry (Curry)

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1523 Winchester

15- SEP 15 1916 191... ROBERT E. KRAUT Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum (Exhaustion)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cholera Infantum

(Duration) yrs. mos. ds.

(Signed) J. Whitelum M. D.
(Coroner)

Sept 15, 191.6 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1523 Winchester

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Sept 15 1916
20-UNDERTAKER	ADDRESS
James H Dunny	1303 Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Jacob Bliden

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98195 — 159 — C98195

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: Drug Store — Clark

CITY OF BALTIMORE (No. 1816 E. Fraser St.; 6th WARD)

Registered No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Jacob Bliden

(Residence in Baltimore: No. 1816 E. Fraser St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH, Russia Sept 13, 1870 ~~1916~~ (Month) (Day) (Year)

7-AGE, 46 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cost Maker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER, Unkown.

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Unkown.

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Leurs

(Address) 1411 E. Baltimore St.

15- Filed SEP 15 1916, ROBERT B. KRA[illegible] Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Suicide)
Gun Shot Wound through heart
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. J. Morrissey M. D. (Coroner.)
Sept 14, 1916 (Address) 532 Robinson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Workmen circle Mt Carmel — DATE OF BURIAL, 9/17, 1916

20-UNDERTAKER Jack Leurs — ADDRESS 1411 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98196 151 C98196

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 727 Cumberland St. 15 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Henrietta Bucheimer

(Residence in Baltimore: No. 727 Cumberland St. yrs. 3 mos. - ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem | 4-COLOR OR RACE White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH Aug. (Month) 7 (Day), 1916 (Year)

7-AGE ..... yrs. 1 mos. 6 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto. Md

PARENTS

10-NAME OF FATHER Clarence Bucheimer

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Annie V. White

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Annie Bucheimer

(Address) 727 Cumberland St

15 FILED SEP 15 1916 ROBERT R. KRAUT Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept. (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11, 1916, to Sept. 13 1916, that I saw h[er] alive on Sept 13, 1916 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Impetigo

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) G. A. Tuck M. D.

Sept 14, 1916 (Address) 1530 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Westerin Cem | DATE OF BURIAL Sept 15, 1916

20-UNDERTAKER Harriet Eastern | ADDRESS 916 Penna ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98197 C98197

CERTIFICATE OF DEATH.

REGISTERED No. C 170

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1240 Ridgley ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luke J. Fannon

(Residence in Baltimore: No. 1240 Ridgley St.; 42 yrs., 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, January (Month) 2 (Day), 1874 (Year)

7-AGE, 42 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Thos. Fannon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Clark.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Scully.

(Address) 1240 Ridgley

15- SEP 15 1916

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Albert S. Driscoll M. D. (Coroner.)

Sep 14, 1916. (Address) Albert S. Driscoll

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cem. DATE OF BURIAL, Sept. 16 1916

20-UNDERTAKER P. F. W. L. Flynn ADDRESS 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98198 HEALTH DEPARTMENT—CITY OF BALTIMORE C98198

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital St.; 8 WARD) REGISTERED No. C 155

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph Wedekind

(Residence in Baltimore: No. 2203 E Monument St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M	W	Widower

6-DATE OF BIRTH, April 10, 1869 (Month) (Day) (Year)

7-AGE, 47 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Wedekind

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Mueller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mayer Rayner

(Address) 2203 E Monument [redacted]

15- Filed SEP 15 1916, 191.. Burial Permit No. [redacted]

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Shot self
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Disease
(Duration) yrs. mos. ds.

(Signed) J. K. Cowley M. D.
July 14 191.. (Coroner.) (Address) 20 E Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 2203 E Monument St

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery DATE OF BURIAL, July 16 1916

20-UNDERTAKER Kopp & Thomson ADDRESS 424 N Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98199 — 103 — C98199

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2206 Roslyn Ave St.; 15 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane King Packham

(Residence in Baltimore: No. 2206 Roslyn ave St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept. 13, 1829 (Month) (Day) (Year)

7-AGE, 87 yrs. — mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Geo. King

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. E. Packham

(Address) 2206 Roslyn Ave

15- Filed SEP 15 1916, 191.... ROBERT R. KRAUTH Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 14th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 12th 191 6, to Sept 14th 191 6, that I saw her alive on Sept 14th 191 6, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Arnold J. Lindheimer M. D.

Sept 15th, 1916. (Address) 1217 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery. DATE OF BURIAL, Sept. 17th 1916.

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96200 150 C96200

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Curtis

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. ..... ds.)

important. See instructions on back of certificate. Place numeral of OCCUPATION in very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	W	Sing'l

6-DATE OF BIRTH, Sept. (Month) 13, (Day) 1916 (Year)

7-AGE, ... yrs. ..... mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Roland L. Curtis

11-BIRTHPLACE OF FATHER (State or Country), Mass.

12-MAIDEN NAME OF MOTHER Anna M. Hale,

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roland Lee Curtis

(Address) 612 E. Chase St.

15- SEP 15 1916 ROBERT B. KRAUTER

Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 13 191 6, to Sept 14 191 6, that I saw h im alive on Sept 14 191 6, and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Foramen ovale

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Smith M. D.

9/15/, 191 6. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Sept. 15, 191...

20-UNDERTAKER Henry Hoeck Son

ADDRESS 130 E Eager St.